Guidelines for the New York City Electronic Birth Registration System (EBRS)

Basic Procedures and Data Definitions

September 30, 2010

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Health

Developed by the New York City Department of Health and Mental Hygiene
Bureau of Vital Statistics
Electronic Birth Registration System Project

www.nyc.gov/evers

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INTRODUCTION

The birth certificate is the permanent legal record of an infant's full name, date of birth and place of birth. It is used as proof of a child's age, citizenship and parentage. The birth registration process has been incorporated into the Electronic Birth Registration System (EBRS) as part of New York City's Electronic Vital Events Registration System (EVERS). The information contained in these guidelines will help to ensure that data gathered from different birthing institutions throughout the city will be consistent and will provide comparable statistics among various birthing institution settings. The following instructions are provided to guide the entry of the information from facility and physician records and notes into the New York City Certificate of Birth and Confidential Medical Report of Birth sections in EBRS. These guidelines refer to the web-based EBRS and follow the order of the EBRS screens and worksheets.

The worksheets contain certain questions labeled "QI," which are health care Quality Improvement questions requested by the New York State Department of Health (NYSDOH). All birthing institutions in New York State are requested to collect this information and report the data to the NYSDOH. For New York City birthing institutions, the collection of these items is facilitated by the New York City Department of Health and Mental Hygiene (DOHMH) through EBRS. The data is then transmitted by the DOHMH to the NYSDOH on behalf of the institution.

There are two different worksheets used to complete the birth record:
- Mother's worksheet (available in English, Spanish, Chinese, Russian, Haitian-Creole, Urdu, and Korean)
  - Includes legal information about the child, mother, and father, as well as certain items contained on the Confidential Medical Report and most QI items
  - Designed to be given to the mother to fill out
  - Includes a letter on the first page from the DOHMH stressing the importance of the mother's provision of complete and accurate information
- Facility worksheet
  - Includes most of the information found on the Confidential Medical Report
  - Designed to be completed by the facility staff
  - Can be completed by a physician or any supportive medical providers, the facility Birth Registrar, a clerk abstracting information from the medical record, or a combination of any or all of the above

Facilities using EBRS should only use the worksheets provided by the DOHMH. These have been designed to facilitate valid and complete data entry into EBRS. All information in the worksheets must be captured by the facility. Data entered into EBRS will be monitored by the Quality Assurance staff of the Office of Vital Statistics.

The data entered into the EBRS application will be electronically transmitted to the DOHMH through a secured Internet pathway. The birth record is approved and filed by the DOHMH. The legal portion of the birth certificate is then printed out by the DOHMH and mailed to the mother. The birthing institution is able to view all of their records entered into EBRS; however records that have already been registered by the DOHMH are disabled for any changes to the data unless official amendments are submitted.

NEW YORK CITY HEALTH CODE PERTAINING TO LIVE BIRTHS

According to the New York City Health Code, Title 24, Article 1, Section 1.03 (g), when used in the New York City Health Code, "department" means the Department of Health and Mental Hygiene of the City of New York. When a provision of this Code gives the Department the authority or the duty to act, such authority or duty vests in the Commissioner or in an employee of the Department specifically designated by the Commissioner, or in any employee of the Department who is given such authority or duty in accordance with the administrative procedures of the Department established by the Commissioner.

The New York City Charter, Chapter 22, Section 556c (1) states Except as otherwise provided by law, the department shall have jurisdiction to regulate all matters affecting health in the city of New York and to perform all those functions and operations performed by the city that relate to the health of the people of the city, including to supervise and control the registration of births, fetal deaths and deaths.

The New York City Administrative Code, Title 17, Chapter 1, Section 17-166 (a) states The department shall keep a record of the births, fetal deaths and deaths filed with it, the births, fetal deaths and deaths shall be numbered separately and recorded in the order in which they are respectively received.

The New York City Health Code, Title V, Article 201, Section 201.01 (a) states Live birth or birth means the complete expulsion or extraction from its mother of a product of conception, regardless of the duration of pregnancy, which after expulsion or extraction shows evidence of life, such as breathing, beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

The New York City Health Code, Title V, Article 201, Section 201.03 (b) states A person required to report a live birth…shall file a certificate of birth and a confidential medical report… Reports shall be filed within 5 business days after the birth with the office maintained and designated by the Department for such purposes.

The New York City Health Code, Title V, Article 207, Section 207.19 states When a birth, termination of pregnancy or death occurs on a bus, train, ship or airplane which terminates a voyage, trip or flight at a terminal in The City of New York, the person in charge or the owner of such bus, train, ship or airplane shall file with the Department a certificate of such birth, if the child is brought into the City, or a certificate of termination of pregnancy or death if the remains are brought into the City. A certificate of birth occurring on a ship or airplane during any voyage, trip or flight which terminates at a terminal in the Port of New York, but not in The City of New York, may be filed with the Department if the child is brought into the City. Certificates, on a form prescribed by the Board and furnished by the Department, shall be filed with the Manhattan office of the Department within 24 hours following the arrival of the bus, train, ship or airplane. Certificates shall contain such information as the Board may require, including the specific location or the latitude and longitude where such event took place and whether the event occurred on land, at sea, or in the air.

The New York City Health Code, Title V, Article 201, Section 201.07 states (a) The confidential medical report of birth shall not be subject to subpoena or to inspection by persons other than the Commissioner or authorized personnel of the Department, except in a criminal action or criminal proceeding, or for official purposes by a federal, state, county or municipal agency charged by law with the duty of detecting or prosecuting crime. The Commissioner may, however, approve the inspection of such medical reports for scientific purposes.

   (b) Within the context of this section, scientific purposes shall mean research, and/or the compilation of statistics relating factors bearing on disease incidence, prevalence, mortality or treatment.

The New York City Health Code, Title I, Article 3, Section 3.12 (a) states …any person who is determined to have violated this Code or any other applicable law or regulation…shall be subject to a fine, penalty and forfeiture of not less than two hundred and not more than two thousand dollars for each violation of a provision of this Code or any other applicable law or regulation relating to such businesses, trades, occupations and other activities. Each such violation shall be a separate and distinct offense, and in the case of a continuing violation, each day's continuance thereof shall be a separate and distinct offense.

DATA ENTRY INTO EBRS:
GENERAL GUIDELINES AND HINTS

NAMES

All names (e.g. child's name, mother's name, father's name) should be entered in proper case, meaning that the first initial of each name should be capitalized and the rest of the name should be in lower case, for example, John Jacob Smith. Do not enter names in all capital letters or all lower case letters. If a name field contains more than one name (for example, the mother's first name is Mary Ann), enter only one space between each name. The only acceptable characters are A-Z, hyphen, apostrophe, and space/blank. *Note that certain characters entered for names result in rejection of a SSN request by the Social Security Administration and the child will not have a SSN assigned (**see Appendix A for a detailed list of entries and errors that result in rejection by SSA**).*

DATES

Dates can be entered in several formats. For fields that require the month, day, and year, the date can be entered in the following ways:

a. **MONDDYYY -** where MON represents the three letter abbreviation of the month, DD represents the two digit day of the month and YYYY represents a four digit entry for the year.

b. **MM/DD/YYYY** - where MM represents the two digit month number, DD represents the two digit day of the month and YYYY represents a four digit entry for the year.

c. **MM-DD-YYYY** - where MM represents the two digit month number, DD represents the two digit day of the month and YYYY represents a four digit entry for the year.

d. **MMDDYYYY** - where MM represents the two digit month number, DD represents the two digit day of the month and YYYY represents a four digit entry for the year.

Regardless of the format used to enter a date, the format used to display dates will always be MON-DD-YYYY.

Fields that require the month, day and year can also be entered by clicking on the <u>calendar icon</u>.

The month and year can be picked from the dropdown menus. The days will display in the calendar. Click on the desired day of the month and the date will then fill into the field.
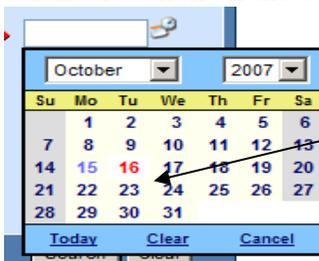
Today's date will display in red; yesterday's date will display in grey

Fields that only require the month and year do not have a calendar icon. These dates can be entered in the following formats: MONYYYY, MM/YYYY, MM-YYYY, or MMYYYY where MON is the three-letter abbreviation of the month, MM is the two-digit number for the month, and YYYY is the four-digit year. Once entered correctly, no matter what format was entered, the date will display with the MON/YYYY format in the field.

HOTKEY: If the cursor is placed in a date field, use the F12 key on the keyboard to insert the current date.

ADDRESSES

Errors with addresses can create problems with the delivery of the certificate in the mail, and/or may cause the need for an official correction to the record after it has been registered (meaning extra time, work, and frustration for the parents and your institution staff). **Therefore, we are requesting that you use the Places icon** (the house icon), as it will fill in proper capitalization and spelling automatically. Data can be entered by typing the information in directly, but this is NOT the preferred method.

To use, click the house icon and the Places table will display. You must choose each level down from Country, to State, to County, to City, to Zip Code. After each choice is selected, you must click the <u>arrow</u> to the right to fill in the next level.

Once you have filled in each level of the Address, click the <u>Select</u> button and the information will fill into the Address fields. *Please note that not all geographic information for the Places table is available yet. If you are using the Places table to fill in an address and notice that the correct information is not included in the City or Zip code level, you can fill in some of the Address (for example, the Country and State) using the Places table and then type the rest of the information into the record.*

If typing in the address, type the street name, city, state, etc. in proper case (just as if you were writing it on an envelope). Use the drop-down menus where provided.

If typing in the address information manually, please check your entry to make sure all capitalization and spelling is correct. Make sure ALL information is entered, including City, County (for usual residence address), State, and Zip code.

For State, the two-letter abbreviation or the whole word(s) can be entered. If the two-letter abbreviation was entered, it will be changed to the whole word(s) by the system when the page is saved. If it does not change, please check to make sure you entered the correct abbreviation for the state. For foreign addresses (such as Canada), enter the province/territory/region in the State field. For Country, the system defaults to United States. If the mother resides outside of the US, enter the foreign country.

UNKNOWNS

The system provides an unknown option for most items. If the answer to a particular item is unknown, select the Unknown choice if it is provided for the field. If numbers are entered into the field (as a count or dates), and an Unknown choice is not provided, enter a 9 for each digit that is unknown. For example, if a date is unknown it should be entered as 99-99-9999. If only part of a date is unknown, such as the day in fields that require month, day, and year, the date should be entered as MM-99-YYYY. For example, if the mother did not know the day that her last menses began, but knows they began in April 2007, you can enter 04-99-2007.

IMPORTANT: DO NOT select 'No' for Yes/No questions or choose 'Other' or 'None of the Above' for checkbox questions when the answer is unknown. If an item on a worksheet is left blank and you cannot obtain the answer from the mother, physician and/or medical staff, or the medical records, select 'Unknown' as the entry for the item. For example, if the cigarette smoking question is left blank by the mother and you are unable to obtain the information, you should answer 'Unknown' to the question rather than 'No.' 'No' and 'Unknown' are different; 'Unknown' means you do not know whether she smoked, while 'No' means that she said she did not smoke. Incorrect responses greatly affect data quality and reports derived from the data.

WILD CARD SEARCHES

The **%** sign is the wild card for all searches. In any search field, if you use % alone it will bring up all records/items in the list. If you would like to narrow your search, you can enter one or more characters and then the % sign. For example, if you are looking for a last name that begins with a T, enter t% into the last name field and select Search. All cases where the last name begins with T will show on the Results list.

VALIDATING A RECORD

EBRS has built-in edits and validation rules to help you enter the data correctly and improve its quality. Edits and validation rules can be invoked on each page by selecting the **Validate Page** button or using the **Validate Registration** link in the Birth Registration Menu.

Validate Page – When selected, edits and validation rules that are built into the system are invoked for this page as well as the complete case. It will also SAVE the information you have entered on this page. If there are any edits or validation rules that have failed on this page, you will see yellow or red coloring in data fields on the page and a list of errors on the bottom. You will also see a colored arrow next to each page on the Birth Registration Menu.

- *Red* means that there are edits and validation rules that have not passed. These edits and validation rules are called HARD EDITS. Unless you perform corrective action, you will not be able to submit this record for registration.
- *Yellow* means that there are edits and validation rules that have not passed.   These edits and validation rules are called SOFT EDITS. Unless you verify and/or correct information entered, you will not be able to submit this record for registration. You are able to override certain verification edits if you confirm the information entered is correct. Even if overridden, the yellow arrow will still show, signaling that this page has a 'valid with exceptions' status. Once the override is saved, though the yellow arrows still appear, you will be able to submit this record for registration.
- *Green* means that all edits and validation rules have passed.

A record is ready to be certified when:
- The colored arrows next to each page on the Birth Registration Menu are all green, OR
- The colored arrows next to each page on the Birth Registration Menu are green or yellow and all soft edits have been verified and overridden.

Validate Registration - Edits and validation rules can also be invoked once you have entered all of the case information by selecting Validate Registration from the Other Links submenu in the Birth Registration Menu.   When you Validate Registration, the page will display all the edits and validation rules that have failed for this case.

Refer to the EDITS and VALIDATION section of the EBRS User Guide for further explanation.

STEP-BY-STEP INSTRUCTIONS ON USING THE SYSTEM CAN BE FOUND IN THE EBRS USER GUIDE. (Available at http://www.nyc.gov/html/doh/html/vr/vr-evers.shtml)

A GLOSSARY OF ICONS AND CONTROLS CAN BE FOUND IN APPENDIX B.

DATA ENTRY INTO EBRS:
DEFINITIONS AND INSTRUCTIONS FOR EACH ITEM

SCREEN: START NEW CASE

This screen is used to start a new case and to compare information entered to other cases in the system to identify possible matches. All data elements on this screen appear on the screens inside the child's record and are copied over into the applicable fields when the case is started.

In order to Start a New Case in the system you need certain minimum required information about the child. On the screen, a red arrow indicators show which fields are required.

The minimum required information to Start a New Case is: Child's Last Name, Date of Birth, Sex, Child's Medical Record Number and Mother's Medical Record Number. Medical Record numbers are required to be entered twice to verify accuracy. *(The medical record numbers are not required fields for midwives who are not associated with a hospital.)*

Instructions for entering the child's and mother's information can be found below in the sections corresponding to the **Child screen** (page 15) and the **Mother screen** (page 17).

SCREEN: CHILD

This screen is used to enter the child's identifying information, including name and date of birth.

DATA SOURCES: Mother's worksheet, labor and delivery records, newborn's medical records, mother's medical records

NAME OF CHILD
- **FIRST** - Enter the first name of the child. If the parents have not selected a first name, leave this item blank. Do not enter Baby Girl, Baby Boy, Infant, Newborn, Male, Female, Twin A, etc.
- **MIDDLE, OTHER MIDDLE** - Enter the middle name of the child. If there is no middle name, leave this item blank. If there are more than two middle names, multiple names may be entered into each of these fields (use one space between each name).
- **LAST** - Enter the last name of the child. **A last name is required for the certificate to be registered: if the child is only given one name, it should be entered in this field.** The mother can select any last name she wants for the child.
- **SUFFIX** - If applicable, enter the suffix of the name (Jr., II, III, etc). If there is no suffix to the name, leave this item blank.

The parents should be advised that as long as they provide a first and last name for the child, they may request a Social Security number (SSN) for the child and the Department of Health and Mental Hygiene will send the request to the Social Security Administration on their behalf. If the first name is not provided upon registration of the birth certificate, they must contact the Social Security Administration directly to obtain a SSN for the child.

*Note that certain characters entered for names result in rejection of a SSN request by the Social Security Administration and the child will not have a SSN assigned (**see Appendix A for a detailed list of entries and errors that result in rejection by SSA**).*

DATE OF CHILD'S BIRTH
Enter the exact month, day, and four-digit year the child was born. If using the calendar icon, click on the icon and select the appropriate date. If entering manually, valid formats are MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, and MMDDYYYY.

TIME OF CHILD'S BIRTH
Enter the correct local time. Use 12-hour format and select AM or PM in the dropdown. Military time is not allowed. Midnight is 12 AM and noon is 12 PM.

SEX
Enter the child's sex by selecting Female, Male, Undetermined, or Unknown.

HAS MOTHER APPROVED ASSIGNMENT OF SSN FOR CHILD?
Select Yes, No, or Unknown. 'Yes' may only be selected if the child has been given a first and last name. If 'Yes,' the card will be mailed to the mother's mailing address by the Social Security Administration (SSA). If 'No' or 'Unknown,' and the parents later wish to request a SSN, they will have to contact the SSA directly to obtain a SSN for the child.

Please note that U.S. born children are generally considered to be U.S. citizens, and as such, are eligible for SSNs without regard to the parents' immigration or citizenship status.

FOUNDLING BABY
A foundling baby is one that was abandoned somewhere or left at a Safe Haven after birth (no one knows who the parents are). If brought into a birthing institution, the case should be turned over to the Administration for Children's Services. The birthing institution **does not** file a birth certificate. This item defaults to 'No' in the system. If 'Yes' is selected, you will see a message that says "This record cannot be submitted through this system. Please report this case to the Administration for Children's Services" and you will not be allowed to proceed with entry of the case.

SCREEN: MOTHER
This screen is used to enter mother's identifying information, including name, date of birth, Social Security number, and birthplace.

DATA SOURCES: Mother's worksheet, mother's medical records

MOTHER'S CURRENT LEGAL NAME
Enter the mother's current legal first, middle, and last name(s). The current legal name is the name that she uses on all legal documents.   This name can be the same as or different from her maiden name. A woman may use her maiden last name, a last name acquired by marriage, both, or neither. If the mother only has one name, it must be entered in the Last Name field.

MOTHER'S MAIDEN NAME
Enter the mother's maiden name (her name prior to her first marriage): first, middle, and last name(s). If the mother only has one name, it must be entered in the Last Name field.

*Note that certain characters entered for names result in rejection of a SSN request by the Social Security Administration and the child will not have a SSN assigned (**see Appendix A for a detailed list of entries and errors that result in rejection by SSA**).*

MOTHER'S DATE OF BIRTH
Enter the exact month, day, and four-digit year the mother was born. If using the calendar icon, click on the icon and select the appropriate date. If entering manually, valid formats are MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, and MMDDYYYY. Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. For example, an unknown birth date should be entered as 99-99-9999, however if only the day is unknown, enter MM-99-YYYY.

MOTHER'S AGE
Enter the mother's age in years or use the autopopulate icon to have the system calculate the age using the birth date entered. If her age is unknown, enter 99.

MOTHER'S SSN
Enter the mother's Social Security number. If she does not have a SSN, select None. The field will be filled with zeros. If her SSN is not known or left blank, select Unknown. The field will be filled with nines.

MOTHER'S BIRTHPLACE
The system defaults to a birthplace in the United States. Enter the city and state of mother's birth, if she was born in the U.S. **If the mother was not born in the US, ONLY enter the name of the country in the Birthplace Country field**. Leave the City and State fields blank if she was born outside of the U.S.

NEVER LIVED IN THE UNITED STATES
If the mother has never lived in the U.S., put a check in the box next to "Never lived in United States."

IF BORN OUTSIDE OF THE UNITED STATES, HOW LONG LIVED IN THE US?
If the mother was born in a foreign country, enter the amount of time that she has lived in the United States (irrespective of her citizenship status). If 1 year or greater, enter only the number of **years**. If less than 1 year, enter only the number of **months**. If unknown how long she lived in the US, select 'Unknown' from the dropdown menu in the **(Or if < 1 yr, months)** field.

Please advise the parents that the information regarding the time lived in the U.S. is collected for public health purposes ONLY (length of time in the U.S. can be assessed as a risk factor for birth outcomes and predictor for health-seeking behaviors). Giving this information will NOT affect their citizenship or immigration status. The confidentiality of this information is protected by both City and State laws.

SCREEN: MOTHER ADDRESS

This screen is used to enter the mother's residence address, mailing address, and telephone numbers.

DATA SOURCES: Mother's worksheet, mother's medical records

MOTHER'S USUAL RESIDENCE
A person's residence address is not necessarily the same as the mailing address, legal address or voting address.

- The residence entry on the certificate should be the place the mother lives; it is not always where she receives her mail.
- Do not enter a temporary residence such as an address used during a vacation, business trip, a visit to the home of a friend or relative, or a home for unwed mothers.
- Do not use a post office box as a residence address.
- The place of residence during military duty or while attending college is considered a permanent residence and should be entered when applicable.
- If the permanent address is a prison or psychiatric facility, list the street address of the facility. However, there should be no mention of the facility name.
- If the mother is homeless and resides in a shelter, list the address of the shelter. If she does not reside in a shelter, enter Unknown in each address segment.
- If there is no known address, enter Unknown into each address field, excluding the Pre Directional, Street Designator, and Post Directional. Enter 99999 for the Zip Code.

Each of the address segments are entered into separate fields:*
- **STREET NUMBER** - Enter the house or street number.
- **PRE DIRECTIONAL** - Select N, E, SW, etc. for the street direction, if applicable.
- **STREET NAME, RURAL ROUTE** - Enter the street name or rural route. No P.O. Boxes are allowed for the residence address. If the address contains a unit or building number (independent from the apartment number), indicate the unit/building number here.
- **STREET DESIGNATOR** - Select the street type (i.e., Avenue, Drive, Street) from the dropdown menu.
- **POST DIRECTIONAL** - Select N, E, SW, etc. for the direction at the end of the street name, if applicable (e.g. Central Park *West*).
- **APT #, SUITE #** - Enter the apartment or suite number if applicable.
- **CITY OR TOWN**
- **COUNTY** - In New York City, if Manhattan, the county is New York. If Brooklyn, the county is Kings. If Staten Island, the county is Richmond. If Bronx, the county is Bronx. If Queens, the county is Queens.
- **STATE** - You may enter the two-letter postal code for the state or type out the word(s). For foreign addresses (such as Canada), enter the province/territory/region here.
- **COUNTRY** - The system defaults to United States. If the mother resides outside of the US, enter the foreign country.
- **ZIP CODE** - Enter the five-digit zip code, or the foreign postal code if outside of the US.
- **INSIDE CITY LIMITS** - Select Yes, No, or Unknown from the drop-down. If it is not known if the residence is inside City Limits, select Unknown. Please note that if the mother resides anywhere in the five boroughs of New York City, her residence is inside city limits.

*Note that certain errors or omissions in the address section result in rejection of a SSN request by the Social Security Administration and the child will not have a SSN assigned (**see Appendix A for a detailed list of errors that result in rejection by SSA**). Please stress the importance of correct address information to the parents and exercise caution when entering address data.*

MOTHER'S MAILING ADDRESS
This is where the mother receives her mail, not necessarily where she lives.

If the mailing address is exactly the same as the residence address, place a check mark in the box next to "**Same as Residence Address**." The information from the residence address will be system-filled.

If there is no mailing address or the mother does not want the birth certificate to be mailed, place a check mark in the box next to "**No Mailing Address**." The mother will have to come to the Department of Health and Mental Hygiene at 125 Worth Street, Room 125 in Manhattan to pick up the certificate. If the infant has expired or is being placed for adoption, only check the "No Mailing Address" box if the mother specifically says she does not want a copy of the birth certificate mailed to her. **Any time the "No Mailing Address" box is checked, you will be required to enter a comment into the record giving the reason for omitting the mailing address.**

If the mailing address needs to be entered, each of the address segments is entered into separate fields:

- **IN CARE OF** - If the certificate will be mailed in care of another person or organization, please indicate the name here.
- **STREET NUMBER** - Enter the house or street number.
- **PRE DIRECTIONAL** - Select N, E, SW, etc. for the street direction, if applicable.
- **STREET NAME, RURAL ROUTE** - Enter the street name or rural route. P.O. Boxes are not allowed for New York City mailing addresses. If the address contains a unit or building number (independent from the apartment number), indicate the unit/building number here.
- **STREET DESIGNATOR** - Select the street type (i.e., Avenue, Drive, Street) from the dropdown menu.
- **POST DIRECTIONAL** - Select N, E, SW, etc. for the direction at the end of the street name, if applicable (e.g. Central Park *West*).
- **APT #, SUITE #** - Enter the apartment or suite number if applicable.
- **CITY OR TOWN**
- **STATE** - You may enter the two-letter postal code for the state or type out the word(s). For foreign addresses (such as Canada), enter the province/territory/region here.
- **COUNTRY** - The system defaults to United States. If the mailing address is outside of the US, enter the foreign country.
- **ZIP CODE** - Enter the five-digit zip code, or the foreign postal code if outside of the US.

MOTHER'S TELEPHONE NUMBERS

Enter the mother's day and evening phone numbers including the area code and extension (if applicable). If there are no telephone numbers, enter (999) 999-9999.

SCREEN: MOTHER ATTRIBUTES
This screen is used to enter mother's education, occupation, and race/ethnicity.

DATA SOURCES: Mother's worksheet, mother's medical records

MOTHER'S EDUCATION
Enter the highest degree or level of schooling completed by the mother at the time of delivery.
- 8TH GRADE OR LESS; NONE - No schooling, elementary school only, or 8th grade graduate only.
- 9TH-12TH GRADE, NO DIPLOMA - Some secondary school but without receipt of high school diploma or GED.
- HIGH SCHOOL GRADUATE OR GED - High school diploma or GED received.
- SOME COLLEGE CREDIT, BUT NO DEGREE - Some post-secondary or college education, but no degree.
- ASSOCIATE DEGREE (e.g. AA, AS) - Select only if the degree was completed.
- BACHELOR'S DEGREE (e.g. BA, AB, BS) - Select only if the degree was completed.
- MASTER'S DEGREE (e.g. MA, MS, MEng, MEd, MSW, MBA) - Select only if the degree was completed.
- DOCTORATE (e.g. PhD, EdD) OR PROFESSIONAL DEGREE (e.g. MD, DDS, DVM, LLB, JD) - Select only if the degree was completed.

WAS MOTHER EMPLOYED DURING PREGNANCY?
Select Yes, No, or Unknown.

CURRENT/MOST RECENT OCCUPATION
Enter the mother's current or most recent occupation. Enter "homemaker" only if she was never employed outside of the home. Enter "student" only if she was a full-time student during this pregnancy and had never held a full-time job at any previous time.

KIND OF BUSINESS OR INDUSTRY
Enter the kind of business or industry related to the occupation. Please do not give the name of the business, but state what type of business it is. Examples of businesses or industries are government, legal, retail store, farming, manufacturing, construction, insurance, chemical, and restaurant.

MOTHER'S ANCESTRY
Ancestry refers to the nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States. American Indian and Alaska Native should be entered as given. There is no set rule as to how many generations are to be taken into account in determining ancestry. A person may report ancestry based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the mother considers herself to be and is not based on percentages of ancestry. However, only one ancestry is reported in health statistics-please urge the mother to list only <u>one</u>.

The Ancestry section is first divided into Hispanic or Non Hispanic.
- **HISPANIC** - Once selected, the Hispanic origin must be specified. Use the drop-down to choose. If Other Hispanic, please specify or type Unknown in the **If Other, Specify** box.
- **NON HISPANIC** - Once selected, the Non-Hispanic origin must be specified. Enter the ancestry in the box below by using the look-up menu. If the specific ancestry cannot be found in the look-up menu, you have the ability to select Other, Other African, Other Asian, Other Central American/Caribbean, Other European, Other North American, Other Pacific Islander, Other South American, or Other Spanish. Once you pick one of the Other categories, the **Other Specify** box is enabled and you can type in the specific ancestry.
- Unknown should be selected if the ancestry is not given or unknown.

MOTHER'S RACE
Race refers to a much broader group of people than ancestry. Race is usually broken up into broad categories that can contain people of many different ancestries and origins. The concept of race as used by the Census Bureau reflects self-identification of a person according to the race or races with which he or she most closely identifies.

Race is self-reported, meaning the mother is considered to be whatever race she says she is, regardless of appearance. Check **one or more** to indicate what the Mother considers herself to be:

- WHITE - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
- BLACK OR AFRICAN AMERICAN - A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as African-American, Afro-American, Kenyan, Nigerian, or Haitian.
- AMERICAN INDIAN OR ALASKA NATIVE - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. Please specify the tribe.
- ASIAN INDIAN
- CHINESE
- FILIPINO - A person having origins in any of the original peoples of the Philippines.
- JAPANESE
- KOREAN
- VIETNAMESE
- OTHER ASIAN - Please specify.
- NATIVE HAWAIIAN
- GUAMANIAN OR CHAMORRO - A person having origins in any of the original peoples of Guam or the Northern Mariana Islands.
- SAMOAN - A person having origins in any of the original peoples of the Samoan Islands.
- OTHER PACIFIC ISLANDER - Please specify.
- OTHER - Please specify.
- UNKNOWN - Race is not given or is unknown.

*NOTE: The Ancestry section is the portion that captures whether a person is Hispanic or Non Hispanic. **Hispanic is not a race.** People of Hispanic origin may be of any race. Hispanics can choose one or more race categories, including White, Black or African American, American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander. **Please encourage the parents to select one of the categories given rather than writing 'Hispanic' as an 'Other' specification and explain to them that their Hispanic origin is being captured in the Ancestry item.***

SCREEN: MOTHER'S HEALTH
This screen is used to enter information regarding the mother's health.

Mother's Health

Did mother participate in WIC?

Mother's Height   Mother's Pre-Pregnancy Weight   Mother's Weight at Delivery

Cigarette smoking

Cigarette Smoking in the 3 Months Before or During Pregnancy?

3 mo. before pregnancy.

First 3 mo. of pregnancy.

Second 3 mo. of pregnancy.

Third trimester of pregnancy.

Alcohol use during this pregnancy

Illicit and other Drugs Used

Illicit and other Drugs Used During this Pregnancy? (If yes, check all that apply.)

☐ Heroin   ☐ Methadone   ☐ Marijuana   ☐ Tranquilizers   ☐ None of the above

☐ Cocaine   ☐ Methamphetamine   ☐ Sedatives   ☐ Anticonvulsants   ☐ Unknown

Did you receive prenatal care?

During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Check all that apply)

☐ a. How smoking during pregnancy could affect your baby?

☐ b. How drinking alcohol during your pregnancy could affect your baby?

☐ c. How using illegal drugs could affect your baby?

☐ d. How long to wait before having another baby?

☐ e. Birth control methods to use after your pregnancy?

☐ f. What to do if you labor starts early?

☐ g. How to keep from getting HIV (the virus that causes AIDS)?

☐ h. Physical abuse to women by their husbands or partners?

How many times per week during your current pregnancy did you exercise for 30 minutes or more, above your usual activities? (# times per week)

Did you have any problems with your gums at any time during pregnancy, for example, swollen or bleeding gums?

During your pregnancy, would you say that you were: (Check one only)

Thinking back to just before you were pregnant, how did you feel about becoming pregnant? (Check one only)

[Validate Page] [Next] [Clear] [Save] [Return]

DATA SOURCES: Mother's worksheet, prenatal care records, labor and delivery records, mother's medical records

DID MOTHER PARTICIPATE IN WIC?
Select Yes, No, or Unknown. Select 'Yes' if the mother received food support through the Special Supplemental Food Program for Women, Infants and Children (WIC) during this pregnancy.

MOTHER'S HEIGHT
Enter the mother's height in feet and inches. If the record indicates height in fractions such as 5 feet 6 ½ inches, truncate and enter 5 feet, 6 inches. If any part is unknown, enter 99 for feet and 99 for inches.

MOTHER'S PRE-PREGNANCY WEIGHT
Enter the mother's weight (in pounds) before her pregnancy. Record weight in whole pounds only; do not include fractions (e.g., 120 ½ pounds should be entered as 120 pounds). If the weight is unknown, enter 999.

MOTHER'S WEIGHT AT DELIVERY
Enter the mother's weight (in pounds) when admitted for delivery. Record weight in whole pounds only; do not include fractions (e.g., 150 ½ pounds should be entered as 150 pounds). If the weight is unknown, enter 999.

CIGARETTE SMOKING
It is recommended that this information come from the mother and not from the medical records.
- **CIGARETTE SMOKING IN THE 3 MONTHS BEFORE OR DURING PREGNANCY?** Select Yes, No, or Unknown. Select 'Yes' if the mother smoked cigarettes during the three months prior to conception or during any of the three trimesters of pregnancy.
- If 'Yes' was selected to the above question, indicate the average number or cigarettes smoked per day or packs per day for each of the time periods indicated. If none were smoked during a specific time period, enter 0. If the number is unknown, enter 99.

ALCOHOL USE DURING THIS PREGNANCY
Select Yes, No, or Unknown. Any mention of alcohol use should be considered a positive response ('Yes'). If the mother indicates that she may have had a few drinks from the time of conception to a positive pregnancy test, consider this to be a positive response.

ILLICIT AND OTHER DRUGS USED DURING THIS PREGNANCY?
Select Yes, No, or Unknown. Select 'Yes' if mother used any illegal, recreational, or certain
prescribed drugs during the pregnancy. If 'Yes', please check all that apply:
- HEROIN
- COCAINE
- METHADONE
- METHAMPHETAMINE
- MARIJUANA
- SEDATIVES
- TRANQUILIZERS
- ANTICONVULSANTS
- NONE OF THE ABOVE - Other illicit drugs were used that are not listed above.
- UNKNOWN - It is known that the mother used illicit drugs, but the kind is not known.

*The remaining questions on this screen are Quality Improvement questions (labeled QI) that are
mandated by the New York State Department of Health as part of their Statewide Perinatal Data
System (SPDS). The questions are designed to learn more about the quality of prenatal care
New Yorkers are receiving. All answers will be used for public health statistics only and are not
part of the NYC birth certificate.*

QI. DID YOU RECEIVE PRENATAL CARE?
Prenatal care includes visits to a doctor, nurse or other health care worker before the baby was
born to get checkups and advice about pregnancy. Select 'Yes' if such visits for the pregnancy
occurred prior to admission for delivery.

**QI. DURING ANY OF YOUR PRENATAL CARE VISITS, DID A DOCTOR, NURSE
OR OTHER HEALTH CARE WORKER TALK WITH YOU ABOUT ANY OF THE
THINGS LISTED BELOW?**
Please count only discussions, not reading materials or videos. For each item, the mother
answers 'Yes' if someone talked with her about it or answers 'No' if no one talked with her
about it. When entering the data into the system, place a check mark in the boxes next to the
items that were answered 'Yes' by the mother. If the mother answered 'No,' leave the box
blank.
- HOW SMOKING DURING PREGNANCY COULD AFFECT YOUR BABY?
- HOW DRINKING ALCOHOL DURING YOUR PREGNANCY COULD AFFECT
  YOUR BABY?
- HOW USING ILLEGAL DRUGS COULD AFFECT YOUR BABY?
- HOW LONG TO WAIT BEFORE HAVING ANOTHER BABY?
- BIRTH CONTROL METHODS TO USE AFTER YOUR PREGNANCY?
- WHAT TO DO IF YOUR LABOR STARTS EARLY?
- HOW TO KEEP FROM GETTING HIV (THE VIRUS THAT CAUSES AIDS)?
- PHYSICAL ABUSE TO WOMEN BY THEIR HUSBANDS OR PARTNERS?

QI. HOW MANY TIMES PER WEEK DURING YOUR CURRENT PREGNANCY DID YOU EXERCISE FOR 30 MINUTES OR MORE, ABOVE YOUR USUAL ACTIVITIES?
Please enter the number of times per week that the mother exercised, not counting routine daily activities such as walking to the store, lifting boxes at her place of employment, etc. If left blank, enter 99.

QI. DID YOU HAVE ANY PROBLEMS WITH YOUR GUMS AT ANY TIME DURING PREGNANCY, FOR EXAMPLE, SWOLLEN OR BLEEDING GUMS?
Select Yes or No. If unanswered or unknown, leave question blank.

QI. DURING YOUR PREGNANCY, WOULD YOU SAY YOU WERE DEPRESSED?
Select one. If unanswered or unknown, leave question blank.
- NOT DEPRESSED AT ALL
- A LITTLE DEPRESSED
- MODERATELY DEPRESSED
- VERY DEPRESSED AND DID NOT RECEIVE HELP
- VERY DEPRESSED AND DID RECEIVE HELP

QI. THINKING BACK TO JUST BEFORE YOU WERE PREGNANT, HOW DID YOU FEEL ABOUT BECOMING PREGNANT?
Select one. If unanswered or unknown, leave question blank.
- YOU WANTED TO BE PREGNANT SOONER
- YOU WANTED TO BE PREGNANT THEN
- YOU WANTED TO BE PREGNANT LATER
- YOU DIDN'T WANT TO BE PREGNANT THEN OR AT ANY TIME IN THE FUTURE

SCREEN: PATERNITY
This screen is used to indicate whether father's information will be entered.

DATA SOURCES: Mother's worksheet, Acknowledgement of Paternity (if applicable)

PATERNITY INFORMATION
ARE YOU ENTERING FATHER'S INFORMATION?
Select a choice based on the paternity situation:
- YES, MARRIED - Father's information will be shown on the birth certificate.
- YES, PATERNITY ACKNOWLEDGMENT - Father's information will be shown on the birth certificate as long as a Paternity Acknowledgment is completed correctly, signed by the parents, and submitted to the Department of Health and Mental Hygiene within the filing deadline.
- NO - Father's information will be left blank on the birth certificate. If the user chooses 'No', the EBRS screens pertaining to the father will not appear.

If the mother is not married, an Acknowledgement of Paternity (Form LDSS-4418), signed by both the mother and the putative father is required to enter the putative father's name as father on the birth certificate. Birthing institutions should maintain a supply of Acknowledgement of Paternity forms. Form LDSS-4418 can be obtained in bulk by calling the Office of Child Support Enforcement, Paternity Outreach Unit (212) 487-5837 (Vital Records and Vital Statistics do not supply these forms in bulk to facilities).

Advise the mother that if an Acknowledgement of Paternity is not returned within the five business days filing deadline for the birth certificate, the certificate will be filed without the father's name and information. The parents may add the father's name later by submitting an Acknowledgement of Paternity directly to the NYC Department of Health and Mental Hygiene.

SCREEN: FATHER

This screen is used to enter father's identifying information, including name, date of birth, Social Security number, and birthplace. The screen only appears when 'Yes, married' or 'Yes, Paternity Acknowledgment' is chosen on the Paternity screen.

DATA SOURCES: Mother's worksheet, Acknowledgement of Paternity (if applicable)

FATHER'S NAME
Enter the father's name: first, middle, and last name(s). If the father has only one name, it should be entered into the Last Name field.

Note that certain characters entered for names result in rejection of a SSN request by the Social Security Administration and the child will not have a SSN assigned (see Appendix A for a detailed list of entries and errors that result in rejection by SSA).

FATHER'S DATE OF BIRTH
Enter the exact month, day, and four-digit year the father was born. If using the calendar icon, click on the icon and select the appropriate date. If entering manually, valid formats are MONDDYYYY, MM/DD/YYYY, MM-DD-YYYY, and MMDDYYYY. Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. For example, an unknown birth date should be entered as 99-99-9999, however if only the day is unknown, enter MM-99-YYYY.

FATHER'S AGE
Enter the father's age in years or use the autopopulate icon to have the system calculate the age using the birth date entered. If his age is unknown, enter 99.

FATHER'S SSN
Enter the father's Social Security number. If he does not have a SSN, select None. The field will be filled with zeros. If his SSN is not known or left blank, select Unknown. The field will be filled with nines.

FATHER'S BIRTHPLACE
The system defaults to a birthplace in the United States. Enter the city and state of father's birth, if he was born in the U.S. **If the father was not born in the US, ONLY enter the name of the country in the Birthplace Country field**. Leave the City and State fields blank if he was born outside of the U.S.

NEVER LIVED IN THE UNITED STATES
If the father has never lived in the U.S., check the "Never lived in United States" box.

IF BORN OUTSIDE OF THE UNITED STATES, HOW LONG LIVED IN THE US?
If the father was born in a foreign country, enter the amount of time that he has <u>lived</u> in the United States (irrespective of his citizenship status). If 1 year or greater, enter only the number of **years**. If less than 1 year, enter only the number of **months**. If unknown how long she lived in the US, select 'Unknown' from the dropdown menu in the **(Or if < 1 yr, months)** field.

Please advise the parents that the information regarding the time lived in the U.S. is collected for public health purposes ONLY (length of time in the U.S. can be assessed as a risk factor for birth outcomes and predictor for health-seeking behaviors). Giving this information will NOT affect their citizenship or immigration status. The confidentiality of this information is protected by both City and State laws.

SCREEN: FATHER ATTRIBUTES

This screen is used to enter father's education, occupation, and race/ethnicity. The screen only appears when 'Yes, married' or 'Yes, Paternity Acknowledgment' is chosen on the Paternity screen.

DATA SOURCES: Mother's worksheet

FATHER'S EDUCATION

Enter the highest degree or level of schooling completed by the father at the time of delivery.

- 8TH GRADE OR LESS; NONE - No schooling, elementary school only, or 8th grade graduate only.
- 9TH-12TH GRADE, NO DIPLOMA - Some secondary school but without receipt of high school diploma or GED.
- HIGH SCHOOL GRADUATE OR GED - High school diploma or GED received.
- SOME COLLEGE CREDIT, BUT NO DEGREE - Some post-secondary or college education, but no degree.
- ASSOCIATE DEGREE (e.g. AA, AS) - Select only if the degree was completed.
- BACHELOR'S DEGREE (e.g. BA, AB, BS) - Select only if the degree was completed.
- MASTER'S DEGREE (e.g. MA, MS, MEng, MEd, MSW, MBA) - Select only if the degree was completed.
- DOCTORATE (e.g. PhD, EdD) OR PROFESSIONAL DEGREE (e.g. MD, DDS, DVM, LLB, JD) - Select only if the degree was completed.

CURRENT/MOST RECENT OCCUPATION
Enter the father's current or most recent occupation. Enter "student" only if he was a full-time student during this pregnancy and had never held a full-time job at any previous time.

KIND OF BUSINESS OR INDUSTRY
Enter the kind of business or industry related to the occupation. Please do not give the name of the business, but state what type of business it is. Examples of businesses or industries are government, legal, retail store, farming, manufacturing, construction, insurance, chemical, and restaurant.

FATHER'S ANCESTRY
Ancestry refers to the nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States. American Indian and Alaska Native should be entered as given. There is no set rule as to how many generations are to be taken into account in determining ancestry. A person may report ancestry based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the father considers himself to be and is not based on percentages of ancestry. However, only one ancestry is reported in health statistics-please urge the father to list only <u>one</u>.

The Ancestry section is first divided into Hispanic or Non Hispanic.
- **HISPANIC** - Once selected, the Hispanic origin must be specified. Use the drop-down to choose. If Other Hispanic, please specify or type Unknown in the **If Other, Specify** box.
- **NON HISPANIC** - Once selected, the Non-Hispanic origin must be specified. Enter the ancestry in the box below by using the look-up menu. If the specific ancestry cannot be found in the look-up menu, you have the ability to select Other, Other African, Other Asian, Other Central American/Caribbean, Other European, Other North American, Other Pacific Islander, Other South American, or Other Spanish. Once you pick one of the Other categories, the **Other Specify** box is enabled and you can type in the specific ancestry.
- Unknown should be selected if the ancestry is not given or unknown.

FATHER'S RACE
Race refers to a much broader group of people than ancestry. Race is usually broken up into broad categories that can contain people of many different ancestries and origins. The concept of race as used by the Census Bureau reflects self-identification of a person according to the race or races with which he or she most closely identifies.

Race is self-reported, meaning the father is considered to be whatever race he says he is, regardless of appearance. Check **one or more** to indicate what the Father considers himself to be:

- WHITE - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
- BLACK OR AFRICAN AMERICAN - A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as African-American, Afro-American, Kenyan, Nigerian, or Haitian.
- AMERICAN INDIAN OR ALASKA NATIVE - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. Please specify the tribe.
- ASIAN INDIAN
- CHINESE
- FILIPINO - A person having origins in any of the original peoples of the Philippines.
- JAPANESE
- KOREAN
- VIETNAMESE
- OTHER ASIAN - Please specify.
- NATIVE HAWAIIAN
- GUAMANIAN OR CHAMORRO - A person having origins in any of the original peoples of Guam or the Northern Mariana Islands.
- SAMOAN - A person having origins in any of the original peoples of the Samoan Islands.
- OTHER PACIFIC ISLANDER - Please specify.
- OTHER - Please specify.
- UNKNOWN - Race is not given or is unknown.

*NOTE: The Ancestry section is the portion that captures whether a person is Hispanic or Non Hispanic. **Hispanic is not a race.** People of Hispanic origin may be of any race. Hispanics can choose one or more race categories, including White, Black or African American, American Indian and Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander. **Please encourage the parents to select one of the categories given rather than writing 'Hispanic' as an 'Other' specification and explain to them that their Hispanic origin is being captured in the Ancestry item.***

SCREEN: PLACE OF BIRTH
This screen is used to enter information regarding the place of delivery.

The system automatically fills in the place of birth information based upon the user profile of the person who is logged in to enter the data. If logged in as a hospital or birthing center site, the information should be automatically filled in. If the birth occurred at a location other than the usual site or if any information needs to be changed, you may change the Type of Place selection and enter the correct information.

TYPE OF PLACE
- HOSPITAL - If logged in as a hospital site, your center will automatically be filled in.
- FREESTANDING BIRTHING CENTER - If logged in as a birthing center, your center will automatically be filled in.
- CLINIC/DOCTOR'S OFFICE - Enter the name (if applicable) and address in the Facility Address section.
- HOME BIRTH PLANNED - Child was intentionally born at home. Enter the home address in the Facility Address section.
- HOME BIRTH UNPLANNED - Child was not intentionally born at home. Enter the home address in the Facility Address section.
- HOME BIRTH UNKNOWN IF PLANNED - It is not known whether it was the mother's intention to birth the child at home. Enter the home address in the Facility Address section.
- OTHER, SPECIFY - Once OTHER, SPECIFY is chosen in the drop-down menu, the **Other, Specify** field to the right of the drop-down will be enabled. In this field, enter the description of where the infant was born (e.g. ambulance, taxi, subway car, boat, airplane, etc). Enter the address, cross streets, or coordinates in the Facility Address section. Cross streets or coordinates should be entered in the Street Name field.

NAME OF HOSPITAL OR OTHER FACILITY
- If logged in as a hospital or birth center site, your center will automatically be filled in.
- Births outside of your institution: enter the name of the facility (if applicable) or place of birth.
- Do not enter addresses in this field; if only an address is given, enter the information in the Facility Address section.

FACILITY ADDRESS
Each of the address segments are entered into separate fields:
- **BOROUGH** - Select the New York City borough from the drop-down menu.
- **STREET NUMBER** - Enter the house or street number.
- **PRE DIRECTIONAL** - Select N, E, SW, etc. for the street direction, if applicable.
- **STREET NAME OR PO BOX, RURAL ROUTE, ETC.** - Enter the street name, PO Box number, or rural route.
- **STREET DESIGNATOR** - Select the street type (i.e., Avenue, Drive, Street) from the dropdown menu.
- **POST DIRECTIONAL** - Select N, E, SW, etc. for the direction at the end of the street name, if applicable (e.g. Central Park *West*).
- **APT #, SUITE #** - Enter the apartment or suite number if applicable.
- **CITY OR TOWN**
- **COUNTY** - In New York City, if Manhattan, the county is New York. If Brooklyn, the county is Kings. If Staten Island, the county is Richmond. If Bronx, the county is Bronx. If Queens, the county is Queens.
- **STATE** - Enter NY or New York.
- **COUNTRY** - The system defaults to United States.
- **ZIP CODE** - Enter the five-digit zip code.

SCREEN: PRENATAL
This screen is used to enter information about prenatal care and previous pregnancy outcomes.

DATA SOURCES: Prenatal care records (from physician's office or mother's hospital chart), mother's medical records, labor and delivery records

MOTHER'S MEDICAL RECORD NUMBER
Enter the medical record number from the mother's chart. If this was previously entered in the Start New Case screen, this will be system-filled.

MOTHER'S MEDICAID NUMBER
Or CIN. The CIN (Client Identification Number) is a unique identifying number that is assigned to individuals who are in receipt of Medicaid or Family Health Plus. The "number" sequence always consists of two letters, followed by five numbers, followed by another letter. The system will not allow you to enter anything other than the acceptable characters.

PRIMARY PAYOR

Select the method that paid for most or all of the mother's care for the delivery.

- MEDICAID/FAMILY HEALTH PLUS - Mother's care was paid for by Medicaid, PCAP, MOMS, Child Health Plus A, Medicaid Managed Care, or Family Health Plus.
- PRIVATE INSURANCE - Mother's care was paid for by private insurance, including indemnity insurance and/or managed care insurance.
- OTHER GOVT/CHPLUSB - Any other governmental health programs that do not fall under Medicaid (i.e., Child Health Plus B, Veteran's Administration).
- CHAMPUS/TRICARE - Military and dependents.
- OTHER
- SELF-PAY - Mother had no health insurance.
- UNKNOWN

DATE LAST NORMAL MENSES BEGAN

Enter the month, day and year (MM-DD-YYYY) on which the mother's last normal menses began for this pregnancy. Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. For example, an unknown date should be entered as 99-99-9999, however if only the day is unknown, enter MM-99-YYYY.

IS MOTHER ENROLLED IN AN HMO OR OTHER MANAGED CARE PLAN?

Select Yes, No, or Unknown. Select 'Yes' if the mother was enrolled in a managed care plan/organization. Synonyms for managed care plan include health maintenance organization (HMO) and preferred provider organization (PPO).

DATE OF FIRST PRENATAL CARE VISIT

If no prenatal care was received, check the **No Prenatal Care** box. The rest of the fields regarding prenatal care will be disabled.

The preferred source of this information is the prenatal care medical record. Enter the date (MM-DD-YYYY) upon which the mother first presented for prenatal care. Include only the visit to a private physician or to a clinic or outpatient department of a hospital in which the mother's health history was taken and an initial physical examination for this pregnancy was performed. Do not include a visit in which only the fact of pregnancy was confirmed. Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. Unknown month and day should be entered as 99, unknown year as 9999.

DATE OF LAST PRENATAL CARE VISIT

Enter the date (MM-DD-YYYY) of the mother's last prenatal care visit. Include only a visit to a private provider or to a clinic or outpatient department of a hospital in which the mother received prenatal care. Do not include healthcare visits unrelated to pregnancy care, e.g. emergency room care for an injury. Complete all parts of the date that are available. Do not estimate the date of the last visit. Enter a 9 for any digit in the date that is not known. For example, an unknown date should be entered as 99-99-9999, however if only the day is unknown, enter MM-99-YYYY.

TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY
Enter the total number of prenatal visits made by the mother to a physician or prenatal clinic for the purpose of prenatal care. A prenatal visit includes all regular visits to a doctor or clinic and any other visits to a doctor, clinic or emergency room for treatment of a pregnancy related problem. Count only those visits recorded in the medical records. Do not estimate additional visits when the prenatal record is not current. If unknown, enter 99.

PRIMARY PRENATAL CARE PROVIDER TYPE
Select the type of provider who administered most of the prenatal care:
- MD/DO
- C(N)M/NP/PA/OTHER MIDWIFE
- CLINIC
- NO PROVIDER
- NO INFORMATION
- OTHER
- UNKNOWN

TOTAL NUMBER OF PREVIOUS LIVE BIRTHS[*]
Enter the number of previous children born alive to this mother.
- Do not include the child for whom this certificate is being completed.
- Include all previous live-born infants, regardless of whether they are now alive or dead.
- If this was a multiple delivery, include all live-born infants who preceded the live-born infant in this pregnancy. If first born, do not include this infant. If second born, include the first live-born. If third born, include the first and second live-born, etc.
- If this is the mother's first live birth, enter 'None.'

This number should be the sum of the next two data fields (number born alive and now living, and number born alive and now dead).

NUMBER BORN ALIVE AND NOW LIVING[*]
Enter the number of previous children born alive to this mother who are still alive at the time of this birth.
- Do not include the child for whom this certificate is being completed.
- Include all previous live-born infants who are still living.
- If this was a multiple delivery, include all live-born infants who preceded the live-born infant in this pregnancy. If first born, do not include this infant. If second born, include the first live-born. If third born, include the first and second live-born, etc.
- Indicate 'None' if this is the first live birth to this mother or if all previous children are dead.

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[*] *Please see Case Examples for proper entry of Previous Pregnancy data items on pages 44-45.*

NUMBER BORN ALIVE AND NOW DEAD[*]
Enter the number of previous children born alive to this mother who are now dead.
- Do not include the child for whom this certificate is being completed.
- Include all previous live-born infants who are no longer living.
- If this was a multiple delivery, include all live-born infants who preceded the live-born infant in this pregnancy who are now dead. If first born, do not include this infant. If second live-born, include the first live-born if it subsequently died, etc.
- Indicate 'None' if this is the first live birth to this mother or if all previous live-born children are living.

DATE OF FIRST LIVE BIRTH[*]
Enter the month (MM) and year (YYYY) of the first live birth born to this mother.
- Do not enter the date of this live birth if it is a single birth.
- If this is the mother's first live birth, leave this item blank.
- If this is the first pregnancy for this woman and it is the first live-born infant of a multiple delivery, leave this item blank.
- If this is the first pregnancy for this woman and it is the second, third, etc. live-born infant of a multiple delivery, enter the date of birth of the first live-born child.
- If any part of the date is unknown, enter 99 for the month or 9999 for the year.

DATE OF LAST LIVE BIRTH[*]
Enter the month (MM) and year (YYYY) of the last live birth born to this mother.
- Do not enter the date of this live birth if it is a single birth.
- If this is the mother's first live birth, leave this item blank.
- If this is her second live birth, repeat the date entered in first live birth.
- For a multiple delivery, if this is the second, third, etc. member of the pregnancy, then the required date is the month and year of the last infant born alive prior to the child named on this certificate. For twins, this would be the date of the first twin's delivery, if born alive. If all previous members were born dead or if this certificate is for the first member, enter the month and year of the last delivery involving a live birth.
- If any part of the date is unknown, enter 99 for the month or 9999 for the year.

THOSE BORN ALIVE MAY HAVE BEEN PRETERM, LOW BIRTH WEIGHT OR BOTH.[*]
Include only live births resulting from <u>previous</u> pregnancies. Do not include this child or any from this pregnancy if this was a multiple delivery. If there were none, select 'None.'
- **NUMBER PRETERM** - Number of live births from previous pregnancies where the gestational age was less than 37 weeks.
- **NUMBER LOW BIRTH WEIGHT** - Number of live births from previous pregnancies where the infant's birth weight was less than 2500 grams or 5 pounds, 8 ounces.

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[*] *Please see Case Examples for proper entry of Previous Pregnancy data items on pages 44-45.*

TOTAL NUMBER OF OTHER PREGNANCY OUTCOMES[*]
Enter the total number of spontaneous and induced terminations prior to and including this pregnancy. Terminations of any gestational age should be counted. If this was a multiple delivery, include all previous pregnancy losses before this infant in this pregnancy and in previous pregnancies. If there were none, select 'None.'

This number should be the sum of the following fields: Number of spontaneous terminations of pregnancy less than 20 weeks, Number of spontaneous terminations of pregnancy 20 weeks or more, and Number of induced terminations of pregnancy.

A spontaneous termination can also be called a miscarriage, missed abortion, spontaneous abortion, stillbirth, or fetal death, and should also include ectopic pregnancies. An induced termination can also be called an abortion.

DATE OF LAST OTHER PREGNANCY OUTCOME[*]
Enter the month (MM) and year (YYYY) of the mother's last spontaneous or induced termination. Include pregnancy losses of any gestational age.
- If this is the mother's first delivery or if all previous pregnancies resulted in only live born infants, leave this item blank.
- For a multiple delivery, if all previously delivered members were born alive, or if this certificate is for the first member, enter the month and year of the last spontaneous or induced termination from a previous pregnancy. If this certificate is for the second, third, etc. member of the pregnancy, and previous members were pregnancy losses, enter the month and year of the last pregnancy loss (whether miscarriage, stillbirth, or fetal reduction) from this pregnancy.
- If any part of the date is unknown, enter 99 for the month or 9999 for the year.

NUMBER OF SPONTANEOUS TERMINATIONS OF PREGNANCY LESS THAN 20 WEEKS[*]
A spontaneous termination can also be called a miscarriage, missed abortion, spontaneous abortion, stillbirth, or fetal death, and should also include ectopic pregnancies.
Enter only previous spontaneous terminations that were less than 20 weeks' gestation.
- If this is the mother's first pregnancy or if all previous pregnancies resulted only in live born infants, spontaneous terminations of 20 or more weeks' gestation, or induced terminations, indicate None.
- If this is a multiple delivery, include in your count all fetuses in this pregnancy which were lost at less than 20 weeks' gestation, prior to the infant that is named on this certificate.

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[*] *Please see Case Examples for proper entry of Previous Pregnancy data items on pages 44-45.*

NUMBER OF SPONTANEOUS TERMINATIONS OF PREGNANCY 20 WEEKS OR MORE[*]

A spontaneous termination can also be called a miscarriage, missed abortion, spontaneous abortion, stillbirth, or fetal death, and should also include ectopic pregnancies.
Enter only previous spontaneous terminations that were 20 weeks' gestation or more.

- If this is the mother's first pregnancy or if all previous pregnancies resulted only in live born infants, spontaneous terminations less than 20 weeks' gestation, or induced terminations, indicate None.
- If this is a multiple delivery, include in your count all fetuses in this pregnancy which were lost at 20 weeks' gestation or more, prior to the infant that is named on this certificate.

NUMBER OF INDUCED TERMINATIONS OF PREGNANCY[*]

An induced termination can also be called an abortion.
Enter the total number of induced terminations of pregnancy prior to the birth of the infant named on this certificate.

- If this is the mother's first pregnancy or if all previous pregnancies resulted in live born infants or spontaneous terminations, indicate None.

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[*] *Please see Case Examples for proper entry of Previous Pregnancy data items on pages 44-45.*

CASE EXAMPLES FOR PROPER ENTRY OF PREVIOUS PREGNANCY ITEMS

Example #1: Your current case is a single birth. The mother has had two other children, twins born in August 2006, at 38 weeks gestation and with birth weights greater than 6 pounds, who are still living. The mother also had a miscarriage (10 weeks gestation) in March 1998.

Total Number of Previous Live Births

Total Number of Previous Live Births	Number born alive and now living	Number born alive and now dead
2	2	None

Date of First Live Birth	Date of Last Live Birth
AUG/2006	AUG/2006

Those born alive may have been Preterm, Low Birth Weight or both. Please indicate

Number Preterm (<37 wks)	Number Low Birth Weight (<2500 grams or 5 lbs 8 oz)
None	None

Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)

Total Number of other Pregnancy Outcomes	Date of Last Other Pregnancy Outcome
1	MAR/1998

Number of Spontaneous Terminations of Pregnancy less than 20 weeks	Number of Spontaneous Terminations of Pregnancy 20 weeks or more	Number of Induced Terminations of Pregnancy
1	None	None

Example #2: Your current case is a single birth. The mother has had two other children, one born in January 2000 who is still living, and the second born preterm at 1002 grams in June 2005 who expired two days after birth. The mother has not had any previous spontaneous or induced terminations.

Total Number of Previous Live Births

Total Number of Previous Live Births	Number born alive and now living	Number born alive and now dead
2	1	1

Date of First Live Birth	Date of Last Live Birth
JAN/2000	JUN/2005

Those born alive may have been Preterm, Low Birth Weight or both. Please indicate

Number Preterm (<37 wks)	Number Low Birth Weight (<2500 grams or 5 lbs 8 oz)
1	1

Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)

Total Number of other Pregnancy Outcomes	Date of Last Other Pregnancy Outcome
None	

Number of Spontaneous Terminations of Pregnancy less than 20 weeks	Number of Spontaneous Terminations of Pregnancy 20 weeks or more	Number of Induced Terminations of Pregnancy
None	None	None

Example #3: Today is April 18, 2008. Your cases are a set of triplets with 37 weeks gestation: Triplets A (2460 grams) and C (2608 grams) were born alive, and Triplet B was stillborn (1450 grams). The mother has had one other child, born preterm (36 weeks gestation, 2750 grams) in October 2004 who is still living. She had one induced abortion in December 1999.

Triplet A:

Total Number of Previous Live Births

Total Number of Previous Live Births: 1
Number born alive and now living: 1
Number born alive and now dead: None

Date of First Live Birth: OCT/2004
Date of Last Live Birth: OCT/2004

> For Triplet A, notice you only include the previous pregnancies.

Those born alive may have been Preterm, Low Birth Weight or both. Please indicate

Number Preterm (<37 wks): 1
Number Low Birth Weight (<2500 grams or 5 lbs 8 oz): None

Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)

Total Number of other Pregnancy Outcomes: 1
Date of Last Other Pregnancy Outcome: DEC/1999

Number of Spontaneous Terminations of Pregnancy less than 20 weeks: None
Number of Spontaneous Terminations of Pregnancy 20 weeks or more: None
Number of Induced Terminations of Pregnancy: 1

Triplet B should be filed using a Certificate of Spontaneous Termination of Pregnancy, NOT a Certificate of Live Birth.

Triplet C:

Total Number of Previous Live Births

Total Number of Previous Live Births: 2
Number born alive and now living: 2
Number born alive and now dead: None

Date of First Live Birth: OCT/2004
Date of Last Live Birth: APR/2008

> For Triplet C, you must include the previous pregnancies **and** Triplet A. Triplet B is **not** included because it was not a live birth. Also notice that the Date of the Last Live Birth has now changed to reflect Triplet A.

> Notice for the # of previous Preterm and Low Birth Weight infants you **do not** count infants from this pregnancy, even though Triplet A was Low Birth Weight.

Those born alive may have been Preterm, Low B...

Number Preterm (<37 wks): 1
Number Low Birth Weight: None

Total Number of other Pregnancy Outcomes (Spontaneous or Induced Terminations)

Total Number of other Pregnancy Outcomes: 2
Date of Last Other Pregnancy Outcome: APR/2008

> For Other Pregnancy Outcomes, you must count the previous abortion **and** Triplet B as a spontaneous termination.

Number of Spontaneous Terminations of Pregnancy less than 20 weeks: None
Number of Spontaneous Terminations of Pregnancy 20 weeks or more: 1
Number of Induced Terminations of Pregnancy: 1

SCREEN: PREGNANCY FACTORS
This screen is used to enter information on factors related to the pregnancy.

Pregnancy Factors

Risk Factors for this Pregnancy (Check all that apply)

- [ ] Pre-pregnancy diabetes
- [ ] Gestational diabetes
- [ ] Pre-pregnancy hypertension
- [ ] Gestational hypertension
- [ ] Cardiac Disease: structural defect
- [ ] Cardiac Disease: Functional defect
- [ ] Other serious chronic illness
- [ ] Anemia (hct. <30/Hgb.<10)

- [ ] Asthma/Acute or chronic lung disease
- [ ] Rh sensitization
- [ ] Polyhdramnios
- [ ] Oligohydramnios
- [ ] Hemoglobinopathy
- [ ] Abruptio placenta
- [ ] Eclampsia
- [ ] Other previous poor pregnancy outcome

- [ ] Prelabor referral for high risk care
- [ ] Other vaginal bleeding
- [ ] Previous cesarean section
- [ ] Infertility treatment - Fertility Drugs, artificial/intrauterine insemination
- [ ] Infertility treatment - Assisted reproductive technology (e.g. IVF, GIFT)
- [ ] Fetal Reduction
- [ ] None of the above
- [ ] Unknown

Infections Present and / or Treated During this Pregnancy (Check all that apply)

- [ ] Gonorrhea
- [ ] Syphilis
- [ ] Herpes Simplex (HSV)
- [ ] Chlamydia
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] Tuberculosis
- [ ] Rubella
- [ ] Bacterial Vaginosis
- [ ] None of the above
- [ ] Unknown

Obstetric Procedures (Check all that apply)

- [ ] Cervical cerclage
- [ ] Tocolysis
- [ ] External Cephalic Version: Successful
- [ ] External Cephalic Version: Failed
- [ ] Fetal genetic testing
- [ ] None of the above
- [ ] Unknown

If woman was 35 or over, was fetal genetic testing offered? [▼]

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DATA SOURCES: Labor and Delivery attending physician and/or attending nurse; otherwise see mother's medical records, prenatal care records, and/or labor and delivery records

RISK FACTORS FOR THIS PREGNANCY
Check all that apply if diagnosed by a physician.
- PRE-PREGNANCY DIABETES - Glucose intolerance requiring treatment, diagnosed prior to this pregnancy.
- GESTATIONAL DIABETES – Glucose intolerance requiring treatment, diagnosed during this pregnancy.
- PRE-PREGNANCY HYPERTENSION - (Chronic) Elevation of blood pressure above normal for age, gender, and physiological condition, diagnosed prior to the onset of this pregnancy. Does not include gestational (pregnancy-induced) hypertension (PIH).

- GESTATIONAL HYPERTENSION - (PIH, Pre-eclampsia) Elevation of blood pressure above normal for age, gender, and physiological condition, diagnosed during this pregnancy. May include proteinuria [protein in the urine] without seizures or coma and pathologic edema (generalized swelling including swelling of the hands, legs, and face).
- CARDIAC DISEASE: STRUCTURAL DEFECT – Includes valve stenosis, atrial or ventricular septal defect, other abnormal heart valves.
- CARDIAC DISEASE: FUNCTIONAL DEFECT – Includes heart failure, CHF, decreased cardiac output.
- OTHER SERIOUS CHRONIC ILLNESS - Mother has a chronic illness that requires ongoing medical care and carries a significant risk of premature death or disability (e.g. ulcerative colitis, multiple sclerosis; NOT eczema, allergic rhinitis).
- ANEMIA – Blood results showing anemia indicate Hematocrit (Hct) <30 and Hemoglobin (Hgb) <10.
- ASTHMA/ACUTE OR CHRONIC LUNG DISEASE – Includes asthma, emphysema, COPD, sarcoid, etc.
- RH SENSITIZATION – Blood type Rh negative with a previous Rh positive baby – can cause hydrops fetalis.
- POLYHYDRAMNIOS – Excessive amniotic fluid (high AFI).
- OLIGOHYDRAMNIOS - Insufficient amniotic fluid (low AFI).
- HEMOGLOBINOPATHY - Blood diseases such as sickle cell anemia, thalassemias, etc.
- ABRUPTIO PLACENTA - Premature detachment of the placenta from the uterus, also known as placental abruption.
- ECLAMPSIA – Pregnancy-induced hypertension with proteinuria and with generalized seizures or coma. May include pathologic edema.
- OTHER PREVIOUS POOR PREGNANCY OUTCOME - History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes: Perinatal death (includes fetal and neonatal deaths), small for gestational age, intrauterine-growth-restricted birth.
- PRELABOR REFERRAL FOR HIGH RISK CARE - Patient was identified as needing a higher level of care for maternal or fetal medicine and was then referred from the lower level of care to a higher level. This includes being referred for testing/consultation, or for transfer of care to a high risk provider.
- OTHER VAGINAL BLEEDING - Any reported or observed bleeding via vagina at any time in the pregnancy presenting prior to the onset of labor.
- PREVIOUS CESAREAN SECTION - (C-Section) Previous operative delivery by extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.
  - NUMBER - Enter the number of previous C-sections. Enter 99 if unknown.

- INFERTILITY TREATMENT: FERTILITY DRUGS, ARTIFICIAL/INTRAUTERINE INSEMINATION - Fertility drugs (e.g. clomid, pergonal), artificial insemination, or intrauterine insemination used to initiate the pregnancy.
- INFERTILITY TREATMENT: ASSISTED REPRODUCTIVE TECHNOLOGY – Assisted reproductive technology (ART) procedures, e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), etc. used to initiate the pregnancy.
  - o NUMBER OF EMBRYOS IMPLANTED – Select number from dropdown if applicable. Select Unknown if unknown.
- FETAL REDUCTION – The number of fetuses in a multifetal pregnancy were selectively reduced.
- NONE OF THE ABOVE – None of the items above are selected, even if other medical/obstetrical risk factors exist.
- UNKNOWN

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY
Infections present at the time of the pregnancy diagnosis or a confirmed diagnosis during the pregnancy with or without documentation of treatment. Documentation of treatment during this pregnancy is adequate if a definitive diagnosis is not present in the available record. Check all that apply.

- GONORRHEA - A positive test/culture for *Neisseria gonorrhoeae*.
- SYPHILIS - A positive test for *Treponema palidum.* May be called RPR (+) without treatment.
- HERPES SIMPLEX - (HSVI, HSVII) Mother had a diagnosis of or received treatment for herpes simplex I or II virus during this pregnancy.
- CHLAMYDIA - A positive test for *Chlamydia trachomatis.*
- HEPATITIS B - (HBV, serum hepatitis, Hep B DNA(+)) A positive test for the hepatitis B virus. Exclude administration of Hepatitis B vaccine.
- HEPATITIS C - (non-A non-B hepatitis, HCV, Hep C DNA(+)) A positive test for hepatitis C virus.
- TUBERCULOSIS - (TB) A positive test for active tuberculosis. Exclude positive skin test for tuberculosis without mention of treatment and/or diagnosis of active tuberculosis.
- RUBELLA - Infection with rubella or "German measles." Exclude positive rubella antibody test without mention of active infection.
- BACTERIAL VAGINOSIS - (BV) A positive test for bacterial vaginosis.
- NONE OF THE ABOVE – None of the items above are selected, even if other infections exist.
- UNKNOWN

OBSTETRIC PROCEDURES
Medical treatment or invasive/manipulative procedure performed during this pregnancy to treat the pregnancy or to manage labor and/or delivery. Check all that apply.
- CERVICAL CERCLAGE - Circumferential banding or suture of the cervix to prevent or treat passive dilatation. Includes MacDonald's procedure, Shirodkar procedure and abdominal cerclage via laparotomy.
- TOCOLYSIS - Administration of any agent with the intent to inhibit pre-term uterine contractions to extend the length of the pregnancy. Medications include Magnesium sulfate, Terbutaline, and Indocin.
- EXTERNAL CEPHALIC VERSION: SUCCESSFUL - A successful attempt was made to convert the infant's position from a nonvertex presentation (e.g. breech, shoulder, brow, face, transverse lie, compound) to a vertex position (presentation of the upper or back part of the infant's head) by external manipulation.
- EXTERNAL CEPHALIC VERSION: FAILED - A failed attempt was made to convert the infant's position from a nonvertex presentation (e.g. breech, shoulder, brow, face, transverse lie, compound) to a vertex position (presentation of the upper or back part of the infant's head) by external manipulation.
- FETAL GENETIC TESTING - Includes genetic amniocentesis and CVS (chorionic villus sampling).
- NONE OF THE ABOVE – None of the items above are selected, even if other obstetric procedures were performed.
- UNKNOWN

IF WOMAN WAS 35 OR OVER, WAS FETAL GENETIC TESTING OFFERED?
Fetal genetic testing includes genetic amniocentesis and CVS (chorionic villus sampling).

Select 'Yes'; 'No, Too late'; or 'No, Other reason'. If the age of the mother was indicated as less than 35, this question will be disabled.

SCREEN: LABOR
This screen is used to enter information related to labor and delivery processes.

DATA SOURCES: Labor and delivery records, Mother's medical records, Newborn's medical records

ONSET OF LABOR
Check all that apply.
  • PROLONGED RUPTURE OF MEMBRANES - Mother's membranes ruptured 12 hours or more before delivery.
  • PREMATURE RUPTURE OF MEMBRANES - Spontaneous tearing of the amniotic sac (natural breaking of the 'bag of waters'), 12 hours or more before labor begins.
  • PRECIPITOUS LABOR - The total time between onset of active labor and delivery was fewer than 3 hours. Precipitous labor and prolonged labor are mutually exclusive and therefore both may not be chosen for the same delivery.
  • PROLONGED LABOR - The total time between onset of active labor and delivery was 20 hours or longer in a first delivery or 14 hours or longer if the mother had a previous delivery. Precipitous labor and prolonged labor are mutually exclusive and therefore both may not be chosen for the same delivery.
  • NONE OF THE ABOVE – None of the above items are selected.
  • UNKNOWN

CHARACTERISTICS OF LABOR AND DELIVERY
Information about the course of labor and delivery. Check all that apply.

- INDUCTION OF LABOR-AROM - Initiation of uterine contractions by surgical means for the purpose of promoting delivery before spontaneous onset of labor. Synonyms include: artificial rupture of membranes, amniotomy. If AROM was done to augment labor, it should be reported under Augmentation of Labor.
- INDUCTION OF LABOR-MEDICINAL - Initiation of uterine contractions by administration of medications (e.g. pitocin, prostaglandin) for the purpose of promoting delivery before spontaneous onset of labor.
- AUGMENTATION OF LABOR - Simulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery after labor has begun.
- PLACENTA PREVIA - Placenta partially or completely overlying the cervix.
- OTHER EXCESSIVE BLEEDING – Bleeding requiring intervention or change of management (e.g. hemorrhage).
- STEROIDS - (glucosteroids) Steroids given any time prior to delivery for fetal lung maturation. Includes betamethasone, dexamethasone or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to mother as an anti-inflammatory treatment before or after delivery.
- ANTIBIOTICS - Any antibacterial medications given to the mother systemically (intravenous or intramuscular) in the interval between onset of labor and the actual delivery (ampicillin, penicillin, clindamycin, erythromycin, gentamicin, cefataxime, ceftriaxone, etc.).
- CHORIOAMNIONITIS - A clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever (>100.4°F or 38°C), uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above the febrile threshold as stated should be reported.
- FEBRILE - Fever >100.4°F or 38°C.
- MECONIUM STAINING - Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause a greenish color change of an otherwise clear fluid, regardless of the characteristics of the meconium.
- FETAL INTOLERANCE of labor such that one or more of the following actions was taken: in utero resuscitation measures, further fetal assessment or operative delivery. *In utero resuscitative measures* include the following: maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following: scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery* includes operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery. The symptoms described and the measures used to treat them may be seen with administration of regional analgesia. However, if any of the measures listed here are documented in the chart, the response should be 'YES'. An isolated episode with a good alternative explanation that resolves readily should not be reported.

- EXTERNAL ELECTRONIC FETAL MONITOR - Use of a non-invasive fetal monitoring device to track fetal heart rate during labor and/or delivery.
- INTERNAL ELECTRONIC FETAL MONITOR - Use of an internal fetal monitoring device (synonym: scalp electrode) to track fetal heart rate during labor and/or delivery.
- NONE OF THE ABOVE - None of the items listed are selected, even if other characteristics of labor and delivery exist.
- UNKNOWN

SCREEN: DELIVERY
This screen is used to enter information related to the delivery.

Delivery

Method of Delivery

Was Delivery with Forceps Attempted but Unsuccessful? [▼]

Was Delivery with Vacuum Extraction Attempted but Unsuccessful? [▼]

Fetal Presentation at Birth [▼]

Final Route and Method of Delivery [▼]

Other Procedures performed at Delivery (Check all that apply)

☐ Episotomey & repair   ☐ Repair of lacerations   ☐ Unknown

☐ Sterilization   ☐ None of the above

Anesthesia (Check all that apply)

☐ Epidural   ☐ Spinal   ☐ Local

☐ General Inhalation   ☐ Paracervical   ☐ None of the above

☐ Gernal Intravenous   ☐ Pudendal   ☐ Unknown

Complications from any of the above [▼]

Maternal Morbidity (Check all that apply)

☐ Maternal transfusion   ☐ Admission to ICU   ☐ Postpartum Transfer to a higher level of care

☐ Perineal Laceration (3rd or 4th degree)   ☐ Unplanned operating room procedure following delivery   ☐ None of the above

☐ Ruptured uterus   ☐ Hemorrhage   ☐ Unknown

☐ Unplanned hysterectomy

If birth occured in hospital, has mother transferred in before giving birth [▼]

Infant Transferred [▼]

[Validate Page] [Next] [Clear] [Save] [Return]

DATA SOURCES: Labor and delivery records, Recovery room records, Mother's medical records, Delivery notes, Newborn's medical records

METHOD OF DELIVERY
WAS DELIVERY WITH FORCEPS ATTEMPTED BUT UNSUCCESSFUL?
- ATTEMPTED AND SUCCESSFUL - Obstetric forceps were applied to the fetal head in a successful vaginal delivery.
- ATTEMPTED AND UNSUCCESSFUL - Obstetric forceps were applied to the fetal head in an **un**successful attempt at vaginal delivery (forceps were attempted but were not the final route of delivery).
- FORCEPS WERE NOT USED
- UNKNOWN

INDICATIONS FOR FORCEPS
This item only appears if 'Attempted and successful' or 'Attempted and unsuccessful' was selected for the previous question
Check all that apply.
- FAILURE TO PROGRESS - Forceps were used because labor progressed more slowly than normal or because labor stopped before full dilation of the cervix; synonym: dystocia and arrest of descent.
- FETUS AT RISK - Forceps were used because of concerns about the fetus's well-being and ability to tolerate labor. Concerns may include:
  - Evidence from a biophysical profile of a disturbance in utero
  - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
  - Breech or a malpresentation such as transverse lie, shoulder presentation
  - Frank prolapse of the cord
  - Fetal structural anomaly, such as fetal hydrocephalus
  - Persistent late decelerations during most contractions
  - Persistent variable decelerations during most contractions, often 60 to 80 bpm
  - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
  - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
  - Fetal scalp pH of less than 7.2. Include acidosis.
- OTHER - An indication other than those listed above was given for the use of forceps.
- UNKNOWN

WAS DELIVERY WITH VACUUM EXTRACTION ATTEMPTED BUT UNSUCCESSFUL?
- ATTEMPTED AND SUCCESSFUL - Obstetric vacuum extraction was applied to the fetus in a <u>successful</u> vaginal delivery.
- ATTEMPTED AND UNSUCCESSFUL - Obstetric vacuum extraction was applied to the fetus in an **un**successful attempt at vaginal delivery (vacuum extraction was attempted but was not the final route of delivery).
- VACUUM EXTRACTION WAS NOT USED
- UNKNOWN

INDICATIONS FOR VACUUM
This item only appears if 'Attempted and successful' or 'Attempted and unsuccessful' was selected for the previous question.
Check all that apply.

- FAILURE TO PROGRESS - Vacuum was used because labor progressed more slowly than normal or because labor stopped before full dilation of the cervix. Synonym: dystocia and arrest of descent.
- FETUS AT RISK - Vacuum was used because of concerns about the fetus's well-being and ability to tolerate labor. Concerns may include:
    - Evidence from a biophysical profile of a disturbance in utero
    - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
    - Breech or a malpresentation such as transverse lie, shoulder presentation
    - Frank prolapse of the cord
    - Fetal structural anomaly, such as fetal hydrocephalus
    - Persistent late decelerations during most contractions
    - Persistent variable decelerations during most contractions, often 60 to 80 bpm
    - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
    - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
    - Fetal scalp pH of less than 7.2. Include acidosis.
- OTHER - An indication other than those listed above was given for the use of vacuum extraction.
- UNKNOWN

FETAL PRESENTATION AT BIRTH
- CEPHALIC – Presenting part of the fetus is head down, vertex, occiput anterior (OA), occiput posterior (OP) or occiput transverse (OT).
- BREECH – Presenting part of the fetus listed as buttocks or feet first, breech, complete breech, frank breech, or footling breech.
- OTHER - Any other presentation or presenting part not listed above.
- UNKNOWN

FINAL ROUTE AND METHOD OF DELIVERY
Indicate how delivery was finally accomplished, regardless of whether other procedures were attempted prior to successful delivery.

- VAGINAL/SPONTANEOUS - Delivery of the entire fetus through the vagina by the natural force of labor without forceps or vacuum assistance from the delivery attendant.
- VAGINAL/FORCEPS - Delivery of the fetal head through the vaginal opening by application of obstetrical forceps to the fetal head.
- VAGINAL/VACUUM - Delivery of the fetal head through the vaginal opening by application of a vacuum cup or ventouse to the fetal head.
- CESAREAN - Extraction of the fetus, placenta, and membranes through an incision in the maternal abdominal and uterine walls.
- UNKNOWN

IF CESAREAN, WAS A TRIAL OF LABOR ATTEMPTED?
This item only appears if 'Cesarean' was selected as the final route of delivery.
Labor was allowed, augmented, or induced with plans for a vaginal delivery. Select Yes or No.
If unanswered or unknown, select Unknown.

INDICATIONS FOR C-SECTION
This item only appears if 'Cesarean' was selected as the final route of delivery.
Check all that apply.
- FAILURE TO PROGRESS - Cesarean was performed because labor progressed more slowly than normal or because labor stopped before full dilation of the cervix. Synonym: dystocia and arrest of descent.
- MALPRESENTATION - Presenting part of the fetal body within the birth canal, or nearest to it was NOT the vertex or the occipital fontanel. Synonyms include face presentation, brow presentation, frank breech, complete breech, footling breech, transverse lie, shoulder presentation and oblique lie.
- PREVIOUS C-SECTION - Mother had a previous cesarean delivery and was not eligible for trial of labor, e.g. due to classical uterine scar.
- FETUS AT RISK/NFS - Cesarean was performed because of concerns about the fetus's well-being and ability to tolerate labor. Concerns may include:
  - Evidence from a biophysical profile of a disturbance in utero
  - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
  - Breech or a malpresentation such as transverse lie, shoulder presentation
  - Frank prolapse of the cord
  - Fetal structural anomaly, such as fetal hydrocephalus
  - Persistent late decelerations during most contractions
  - Persistent variable decelerations during most contractions, often 60 to 80 bpm
  - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
  - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
  - Fetal scalp pH of less than 7.2. Include acidosis.
- MATERNAL CONDITION-NOT PREGNANCY RELATED - Mother had a non-obstetric medical condition that led to cesarean delivery (e.g. abdominal cerclage, active genital herpes, obstructive vaginal lesions, HIV infection).
- MATERNAL CONDITION-PREGNANCY RELATED - Mother had an obstetric condition that led to cesarean delivery (e.g. abruptio placenta, placenta previa, preeclampsia.)
- REFUSED VBAC - Mother was eligible for a trial of labor, but refused, opting for repeat cesarean delivery instead. Synonym: refused voluntary trial of labor.
- ELECTIVE - Cesarean delivery was planned and scheduled prior to the onset of labor.
- OTHER - The indication for cesarean does not fall into any of the other categories.
- UNKNOWN

OTHER PROCEDURES PERFORMED AT DELIVERY

Check all that apply.

- EPISIOTOMY AND REPAIR - A surgical incision was made to enlarge the vaginal opening and then repaired.
- STERILIZATION - At any time during the birth hospitalization the mother received any procedure that permanently prevented future pregnancies. Synonyms include bilateral tubal ligation (BTL), hysterectomy, laparoscopic tubal ligation, oophorectomy, pomeroy, salpingectomy, and tubal ligation.
- REPAIR OF LACERATIONS - Use of sutures to repair tears in the vagina and/or perineum.
- NONE OF THE ABOVE - None of the items listed are selected.
- UNKNOWN

ANESTHESIA

Anesthesia is a medication or other agent used to cause a loss of feeling (loss of sensation of pain). Indicate all types of anesthesia used during this labor and/or delivery (check all that apply). Report only the type of anesthesia used during labor and delivery, not the anesthetic agent.

- EPIDURAL - Denervation of the vaginal region and lower abdomen was obtained by the introduction of an anesthetic agent into the epidural or peridural space.
- GENERAL INHALATION - Reduction of pain over the entire body induced by respiration of a gaseous anesthetic agent.
- GENERAL INTRAVENOUS - Reduction of pain over the entire body induced by the introduction of an anesthetic agent into a vein.
- SPINAL - Denervation of the vaginal region was obtained by the introduction of an anesthetic agent into the subarachnoid space. Synonyms include saddle block.
- PARACERVICAL - Denervation of the vaginal region was obtained by the introduction of an anesthetic agent to the tissues surrounding the cervix of the uterus.
- PUDENDAL - Denervation of the pudendal nerve was obtained by an injection of an anesthetic agent.
- LOCAL - Denervation of the vaginal area was obtained by the introduction of an anesthetic agent into the perineum for the provision of an episiotomy or repair of a laceration or episiotomy wound.
- NONE OF THE ABOVE - None of the items listed above are selected.
- UNKNOWN

COMPLICATIONS FROM ANY OF THE ABOVE?

This question refers ONLY to complications from anesthesia and hides from view if 'None of the Above' or 'Unknown' was chosen for the above Anesthesia entry. Select Yes or No. If unanswered or unknown, select Unknown.

MATERNAL MORBIDITY
Check all that apply.
- MATERNAL TRANSFUSION - Includes infusion of whole blood or packed red blood cells during labor and delivery.
- PERINEAL LACERATION - (3rd or 4th degree) 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.
- RUPTURED UTERUS - Tearing of the uterine wall.
- UNPLANNED HYSTERECTOMY - Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitively planned procedure.
- ADMIT TO ICU - Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.
- UNPLANNED OPERATING ROOM PROCEDURE FOLLOWING DELIVERY - Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.
- HEMORRHAGE – Severe bleeding that requires fluid resuscitation, transfusion, or an unplanned operating room procedure.
- POSTPARTUM TRANSFER TO A HIGHER LEVEL OF CARE
  - For maternity hospital deliveries: The mother was transferred to another hospital following delivery in order to provide her with more specialized or intensive care than available on the maternity service where she delivered.
  - For planned out-of-hospital deliveries (e.g. birthing center, planned home birth): The mother required admission to a hospital following delivery.
  - For unplanned out-of-hospital or non-maternity hospital deliveries: Do not select this item if the mother was admitted to a maternity hospital after giving birth precipitously at home, en route to the hospital, or at a non-maternity hospital.
- NONE OF THE ABOVE - None of the items listed are selected.
- UNKNOWN

IF BIRTH OCCURRED IN HOSPITAL, WAS MOTHER TRANSFERRED IN BEFORE GIVING BIRTH?
Select Yes, No, or Unknown. Select 'Yes' if mother was transferred to the current facility for maternal, medical or fetal indication(s) prior to delivery.

IF YES, NAME OF FACILITY TRANSFERRED FROM
This item only appears if 'Yes' was selected for the previous question.
Please specify the facility the mother was transferred from.

INFANT TRANSFERRED
Indicate whether the infant was transferred to another facility.
- WITHIN 24 HOURS OF DELIVERY – Select if infant was transferred to another facility within 24 hours of delivery.
- AFTER 24 HOURS - Select if infant was transferred to another facility after 24 hours of delivery.
- NOT TRANSFERRED – Select if infant was not transferred to another facility.
- UNKNOWN

IF TRANSFERRED, NAME OF FACILITY TRANSFERRED TO
This item only appears if 'Within 24 hours of delivery' or 'After 24 hours' was selected for the previous question.
Please specify the name of the facility to which the infant was transferred.

SCREEN: NEWBORN
This screen is used to enter information related to the newborn.

DATA SOURCES: Labor and delivery records, newborn's medical records, mother's medical records

CHILD'S MEDICAL RECORD NUMBER
Enter the medical record number from the infant's chart. If this was previously entered in the Start New Case screen, this will be system-filled.

INFANT BIRTH WEIGHT
Enter the birthweight of the infant as it is recorded in the hospital record. Enter the birthweight in either **pounds and ounces OR grams**, depending on the scales used. Weight in grams is preferred, since it is a more accurate measure, however do not convert to grams from pounds and ounces if the latter is the only scale used.

IF WEIGHT <1250 GRAMS (2 LBS, 12 OZ), REASON(S) FOR DELIVERY AT A LESS THAN LEVEL III HOSPITAL
Less than Level III hospital=Level I or Level II hospital.
If your institution is a Level III or higher, leave this question blank.

If birthweight was less than 1250 grams (2 lbs. 12 oz.), please select all that apply. If birthweight was 1250 grams (2 lbs. 12 oz.) or greater, please skip to the next question.
- RAPID/ADVANCED LABOR – 4 or more centimeters dilated
- BLEEDING - More than 100 ml/hr
- FETUS AT RISK
  - Evidence from a biophysical profile of a disturbance in utero
  - Positive contraction stress test, the presence of late decelerations, during oxytocin stimulation with half or more of the contractions
  - Breech or a malpresentation such as transverse lie, shoulder presentation
  - Frank prolapse of the cord
  - Fetal structural anomaly, such as fetal hydrocephalus
  - Persistent late decelerations during most contractions
  - Persistent variable decelerations during most contractions, often 60 to 80 bpm
  - Prolonged bradycardia below 120 to 100 bpm 10 minutes or longer
  - Prolonged tachycardia above 160 to 180 bpm persisting longer than 10 minutes
  - Fetal scalp pH of less than 7.2. Include acidosis.
- SEVERE PRE-ECLAMPSIA - One or more of the following criteria was present:
  - Blood pressure of 160 mm Hg systolic or higher or 110 mm Hg diastolic or higher on two occasions at least 6 hours apart while the patient is on bed rest.
  - Proteinuria of 5 g or higher in a 24-hour urine specimen or 3+ or greater on two random urine samples collected at least 4 hours apart.
  - Oliguria of less than 500 mL in 24 hours
  - Cerebral or visual disturbances
  - Pulmonary edema or cyanosis
  - Epigastric or right upper-quadrant pain
  - Impaired liver function
  - Thrombocytopenia
  - Fetal growth restriction
  - Seizures/convulsions
- WOMAN REFUSED TRANSFER
- OTHER-SPECIFY
- NONE OF THE ABOVE
- IF NONE OF THE ABOVE WAS CHECKED, SELECT ONE:
  - NO REASON
  - UNKNOWN AT THIS TIME

CLINICAL ESTIMATE OF GESTATION

Enter the best obstetric estimate of the infant's gestation in completed weeks based on the birth attendant's final estimate of gestation. It should be determined by all perinatal factors and assessments such as ultrasound, but not the neonatal exam. Ultrasound taken early in pregnancy is preferred. Do not complete this item based solely on the infant's date of birth and the mother's date of the last menstrual period. If the gestation is unknown, enter 99.

APGAR SCORE

APGAR is a systematic measure for evaluating the physical condition of the infant at specific intervals at birth. Enter the numeric score at each time interval:

- **1 MINUTE**
- **5 MINUTES**
- **10 MINUTES** - 10 min APGAR only required if 5 minute score is less than 6.

NUMBER DELIVERED THIS PREGNANCY

Specify the number delivered by selecting single, twin, triplet, etc. Include in the count the number of fetuses delivered live or dead at any time in the pregnancy regardless of gestational age, or if the fetuses were delivered on different dates in the pregnancy. Include any fetal reductions that maintained fetal tissue. ("Reabsorbed" fetuses, those that are not "delivered," i.e. expulsed or extracted from the mother, should not be counted.)

IF MORE THAN ONE, NUMBER OF THIS CHILD IN ORDER OF DELIVERY

If 'single' was selected for the previous question, this field will be automatically filled with 'Not Applicable-singleton'. If the birth results in more than one child specify the order in which this child was born, i.e., first, second, etc. Be sure to count each member of this delivery, even if born dead. *A separate birth certificate or spontaneous termination certificate, as the case may be, is required for each member of a multiple birth.*

IF NOT SINGLE BIRTH, NUMBER OF INFANTS IN THIS DELIVERY BORN ALIVE

If this birth results in more than one child, specify the number of infants in this delivery that were born alive at any point in the pregnancy.

IS INFANT LIVING AT TIME OF REPORT?

Select Yes or No. If unanswered or unknown, select Unknown.

Note: If this question is answered 'No', indicating that the infant has expired, the birth certificate copy that is sent to the parents will be notated with "Deceased." Please confirm your answer to this question before certification of the record because it has major implications if entered incorrectly (for example, Social Security and Medicaid enrollment are affected - if a record for a living child is submitted as deceased, the child will not be assigned a SSN and will not be enrolled in Medicaid).

HOW IS INFANT BEING FED?
During the period between birth and discharge from the hospital, indicate whether the infant has been fed breast milk exclusively, infant formula, a combination of both breast milk and formula, or neither.

- BREAST MILK (Exclusive breast milk feeding): Infant has been fed ONLY breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Breast milk feeding includes expressed mother's milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast.
- FORMULA: Infant has been fed formula (any amount). Has NOT been fed any breast milk. May or may not have been fed other liquids, such as water or glucose water.
- BOTH: Infant has been fed BOTH breast milk (any amount) AND formula, water, glucose water and/or other liquids (any amount).
- NEITHER: Infant has NOT been fed any breast milk or formula. This response is rare; it will include infants in the intensive care unit who require intravenous feeding.
- UNKNOWN

HEPATITIS B INOCULATION
IMMUNIZATION ADMINISTERED?
Select Yes, No, or Unknown.

> **IF 'YES', DATE ADMINISTERED -** Enter the date the Hepatitis B immunization was given (MM-DD-YYYY). Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. For example, an unknown date should be entered as 99-99-9999, however if only the day is unknown, enter MM-99-YYYY.

IMMUNOGLOBULIN ADMINISTERED?
Select Yes, No, or Unknown.

> **IF 'YES', DATE ADMINISTERED -** Enter the date the Hepatitis B immunoglobulin was given (MM-DD-YYYY). Complete all parts of the date that are available. Enter a 9 for any digit in the date that is not known. For example, an unknown date should be entered as 99-99-9999, however if only the day is unknown, enter MM-99-YYYY.

SCREEN: NEWBORN FACTORS
This screen is used to enter information about abnormal conditions and/or congenital anomalies.

Newborn Factors

Abnormal Conditions of the Newborn (Check all that apply)

☐ Assisted ventilation required immediately following delivery

☐ Assisted ventilation required for more than six hours

☐ NICU Admission

☐ Newborn given surfactant replacement therapy

☐ Antibiotics received by the newborn for suspected neonatal sepsis

☐ Seizure or serious neurologic dysfunction

☐ Significant birth injury (skeletal fracture (s), peripheral nerve injury, and / or soft tissue/solid organ hemorrhage which requires intervention)

☐ None of the above

☐ Unknown

Congenital Anomalies

Select all that apply	Diagnosed Prenatally?	If Yes, please indicate all methods used:		
Anencephaly	▾	▾	☐ Level II Ultrasound ☐ Amniocentesis	☐ MSAFP/Triple Screen ☐ Other	☐ Unknown
Meningomyelocele Spina Bifida	▾	▾	☐ Level II Ultrasound ☐ Amniocentesis	☐ MSAFP/Triple Screen ☐ Other	☐ Unknown
Cyanotic Congenital Heart Disease	▾	▾	☐ Level II Ultrasound	☐ Other	☐ Unknown
Congenital Diaphragmatic Hernia	▾	▾	☐ Level II Ultrasound	☐ Other	☐ Unknown
Omphalocele	▾	▾	☐ Level II Ultrasound	☐ Other	☐ Unknown
Gastroschisis	▾	▾	☐ Level II Ultrasound	☐ Other	☐ Unknown
Limb Reduction Defect	▾	▾	☐ Level II Ultrasound	☐ Other	☐ Unknown
Cleft lip with or wothout Cleft Palate	▾	▾	☐ Level II Ultrasound	☐ Other	☐ Unknown
Cleft Palate alone	▾	▾	☐ Level II Ultrasound	☐ Other	☐ Unknown
Down Syndrome Karyotype Confirmed	▾	▾	☐ Level II Ultrasound ☐ Amniocentesis	☐ CVS ☐ MSAFP/Triple Screen	☐ Other ☐ Unknown
Down Syndrome Karyotype Pending	▾	▾	☐ Level II Ultrasound ☐ Amniocentesis	☐ CVS ☐ MSAFP/Triple Screen	☐ Other ☐ Unknown
Other Chromosomal Disorder Karyotype Confirmed	▾	▾	☐ Level II Ultrasound ☐ Amniocentesis	☐ CVS ☐ MSAFP/Triple Screen	☐ Other ☐ Unknown
Other Chromosomal Disorder Karyotype Pending	▾	▾	☐ Level II Ultrasound ☐ Amniocentesis	☐ CVS ☐ MSAFP/Triple Screen	☐ Other ☐ Unknown
Hypospadias	▾	▾	☐ Level II Ultrasound	☐ Other	☐ Unknown

☐ None of those listed above

☐ Unknown

[Validate Page] [Next] [Clear] [Save] [Return]

DATA SOURCES: Labor and delivery records, newborn's medical records, mother's medical records

ABNORMAL CONDITIONS OF THE NEWBORN
Please check all that apply.

- ASSISTED VENTILATION REQUIRED IMMEDIATELY FOLLOWING DELIVERY - Infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. Excludes free-flow oxygen only and laryngoscopy for aspiration of meconium.

- ASSISTED VENTILATION REQUIRED FOR MORE THAN SIX HOURS - Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes conventional, high frequency, and continuous positive airway pressure (CPAP).

- NICU ADMISSION - Admission into a unit staffed and equipped to provide continuous mechanical ventilatory support for the newborn. This includes special nurseries and newborns transferred to a hospital with a NICU for the purpose of providing that infant with intensive care (e.g. surgery or ventilatory support).

- NEWBORN GIVEN SURFACTANT REPLACEMENT THERAPY - Endotracheal instillation of a surfaceactive suspension for the treatment of surfactant deficiency due to either preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). Includes both artificial and extracted natural surfactant.

- ANTIBIOTICS RECEIVED BY THE NEWBORN FOR SUSPECTED NEONATAL SEPSIS - Any antibacterial drug given systemically (intravenous or intramuscular.) (e.g. penicillin, ampicillin, gentamicin, cefotoxine, etc.) to treat neonatal sepsis. Does not include antibiotics given to infants who are not suspected of having neonatal sepsis.

- SEIZURE OR SERIOUS NEUROLOGIC DYSFUNCTION - Seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma, i.e. hypoxicischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with Central Nervous System (CNS) congenital anomalies.

- SIGNIFICANT BIRTH INJURY (SKELETAL FRACTURE(S), PERIPHERAL NERVE INJURY, AND/OR SOFT TISSUE/SOLID ORGAN HEMORRHAGE WHICH REQUIRES INTERVENTION) - Defined as present immediately following delivery or soon after delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and /or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma. All require confirmation by diagnostic imaging or exploratory laparotomy. Do not include Intraventricular hemorrhage (IVH).

- NONE OF THE ABOVE - None of the items listed are selected, even if other abnormal conditions of the newborn exist.

- UNKNOWN

CONGENITAL ANOMALIES

Indicate 'Yes' if any of the specific conditions listed below have been diagnosed by a physician.

- ANENCEPHALY – Partial or complete absence of the brain and skull. Synonyms include absent brain, acrania, anencephalic, anencephalus, amyelencephalus, craniorachischisis, hemianencephaly, or hemicephaly.
- MENINGOMYELOCELE/SPINA BIFIDA – Meningomyelocele is herniation of meninges and spinal cord tissue. Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect or spine closure. Both open and closed (covered with skin) lesions should be included. Synonyms include meningocele, myelocele, myelomeningocele, myelocystocele, syringomyelocele, hydromeningocele, rachischisis. Do not include spina bifida occulta detected on radiographs.
- CYANOTIC CONGENITAL HEART DISEASE – Congenital heart defects that cause cyanosis. Includes transposition of the great arteries (vessels), teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total or partial anomalous pulmonary venous return with or without obstruction, coarctation of the aorta, and hyposplastic left heart syndrome.
- CONGENITAL DIAPHRAGMATIC HERNIA – Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.
- OMPHALOCELE – A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane (different from gastroschisis [*see* below]), although this sac may rupture. Synonyms include exomphalos. Do not include umbilical hernia (completely covered by skin) in this category.
- GASTROSCHISIS – An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and the absence of a protective membrane. Synonyms include limb-body wall complex.
- LIMB REDUCTION DEFECT – Complete or partial absence of a portion of an extremity, secondary to failure to develop. Excludes congenital amputation and dwarfing syndromes.
- CLEFT LIP WITH OR WITHOUT CLEFT PALATE – Incomplete closure of the lip. May be unilateral, bilateral, or median. Synonyms for cleft lip include harelip, cheiloschisis, and labium leporinum. Synonyms for cleft palate include cleft uvula, palate fissure, and palatoschisis.
- CLEFT PALATE ALONE – Incomplete fusion of the palatal shelves. May be limited to the soft palate, or may extend into the hard palate. Synonyms include cleft uvula, palate fissure, palatoschisis. If cleft lip also present, record only under item above.
- DOWN SYNDROME: KARYOTYPE CONFIRMED - Synonyms include Trisomy 21. Indicate "Karyotype Confirmed" if chromosomal studies have been completed.
- DOWN SYNDROME: KARYOTYPE PENDING - Synonyms include Trisomy 21. Indicate "Karyotype Pending" if chromosomal studies have been initiated, but final results are not in.

- OTHER CHROMOSOMAL DISORDER: KARYOTYPE CONFIRMED - Examples include Trisomy 13, Trisomy 18, Klinefelter syndrome, Edwards syndrome, Patau syndrome. Indicate "Karyotype Confirmed" if chromosomal studies have been completed.
- OTHER CHROMOSOMAL DISORDER: KARYOTYPE PENDING - Examples include Trisomy 13, Trisomy 18, Klinefelter syndrome, Edwards syndrome, Patau syndrome. Select "Karyotype Pending" if chromosomal studies have been initiated, but final results are not in.
- HYPOSPADIAS – Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes: first degree (on the glans ventral to the tip), second degree (in the coronal sulcus), and third degree (on the penile shaft).
- NONE OF THOSE LISTED ABOVE - Select this item if the infant had none of the anomalies listed, even if he/she had other congenital anomalies.
- UNKNOWN

DIAGNOSED PRENATALLY?
For any of the above anomalies that were selected (i.e., 'Yes' was indicated in the first column), indicate whether the condition was diagnosed prenatally. Answer Yes, No, or Unknown.

IF YES, PLEASE INDICATE ALL METHODS USED
If 'Yes' was indicated (if the condition had been diagnosed prenatally), specify the diagnostic method that was used to identify the condition. Choices vary for each condition, but include:

- LEVEL II ULTRASOUND
- MSAFP/TRIPLE SCREEN (maternal serum screening)
- AMNIOCENTESIS
- CVS (chorionic villus sampling)
- OTHER - Select if the condition was diagnosed by a method other than those listed above.
- UNKNOWN

SCREEN: ADMISSIONS AND DISCHARGES

This screen is used to enter quality improvement information as required by New York State's Statewide Perinatal Data System.

Admissions and Discharges

Copy of prenatal record in chart?

Was formal risk assessment in prenatal chart?

Was MSAFP/triple screen test offered?

Was MSAFP/triple screen done?

How many times was the mother hospitalized during this pregnancy, not including hospitalization for delivery?

Discharge Information

Mother Admission date for delivery (MM/DD/YYYY)

Discharge Date (MM/DD/YYYY)

Infant Discharge Date (MM/DD/YYYY)

Infant Discharge Status

☐ Discharged Home   ☐ Infant Transferred Out   ☐ Infant Died at Birth Hospital   ☐ Infant Discharged to Foster Care/Adoption   ☐ Unknown

☐ Infant Still in Hospital

Validate Page   Next   Clear   Save   Return

Review all medical records used to complete the information provided on this birth and answer the following questions.

COPY OF PRENATAL RECORD IN CHART?
- YES, FULL RECORD
- YES, PRENATAL SUMMARY ONLY
- NO

WAS FORMAL RISK ASSESSMENT IN PRENATAL CHART?
- YES, WITH SOCIAL ASSESSMENT
- YES, WITHOUT SOCIAL ASSESSMENT
- NO

Social Assessment refers to psychosocial, socioeconomic and other social issues that may affect a pregnancy. Examples include: on or need Medicaid and/or public assistance; unwed or baby's father is not actively involved; under emotional or physical stress; recently felt depressed or hopeless; mother and /or her children in foster care, past or pregnant; thinking about adoption; want to see a social worker or public health nurse; housing, legal, transportation, safety or child care problems.

WAS MSAFP/TRIPLE SCREEN TEST OFFERED?
If the mother was offered a triple screen/MSAFP test (maternal serum screening), select 'Yes'. If it was too late in the pregnancy for the test to be offered or done, select 'No, Too Late'. If the test was not offered for another reason, select 'No, other reason'.

WAS MSAFP/TRIPLE SCREEN TEST DONE?
If triple screen / MSAFP test was done, select 'Yes'. If the test was not done, select 'No'.

HOW MANY TIMES WAS THE MOTHER HOSPITALIZED DURING THIS PREGNANCY, NOT INCLUDING HOSPITALIZATION FOR DELIVERY?
Enter the number of times the mother was hospitalized during this pregnancy for at least 24 hours or more, excluding the hospitalization for this delivery.

MOTHER ADMISSION DATE FOR DELIVERY
Enter the date the mother was admitted for this delivery (MM-DD-YYYY).

DISCHARGE DATE
If the mother has been discharged at the time of report, enter the date of discharge for this delivery (MM-DD-YYYY). If the mother has not been discharged, leave this item blank.

INFANT DISCHARGE DATE
Enter the date the infant was discharged for this delivery (MM-DD-YYYY). If the infant expired, enter the date of death. If the infant was transferred to another facility, enter the date the infant was transferred. Do not enter a discharge date if the infant is still in the hospital.

INFANT DISCHARGE STATUS
- DISCHARGED HOME
- INFANT STILL IN HOSPITAL - Select only if the infant is still in your facility.
- INFANT TRANSFERRED OUT - Select if infant was transferred to another facility.
- INFANT DIED AT BIRTH HOSPITAL
- INFANT DISCHARGED TO FOSTER CARE/ADOPTION
- UNKNOWN - Select only if the disposition of the infant is not documented in the infant's or woman's medical records.

SCREEN: ATTENDANT/CERTIFIER

This screen is used to enter information on the attendant and certifier.

For each institution, attendant and certifier information can be entered into look-up menus for easy selection by the person entering the data into the system. If these tables have been populated by your System Administrator with attendants and certifiers who are commonly listed on the birth certificate, all information indicated below will be system-filled when the attendant and/or certifier is selected from the look-up menu.

ATTENDANT'S NAME

The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician should be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife must be reported as the attendant. Enter the attendant's first, middle, and last name(s) or choose from your institution's look-up menu.

If the infant was delivered en route to the hospital, enter the name of the person who physically delivered the child. For example, if the child was born in an ambulance, enter the name of the EMT who delivered the infant. If nobody was present for the birth, the mother would be the attendant. Enter her name in the Attendant Name fields.

ATTENDANT'S TITLE
Select the attendant's title from the dropdown menu:
- MD
- DO
- CNM/CM
- OTHER MIDWIFE
- RN
- OTHER-SPECIFY - If the attendant was not a medical professional as listed above, specify who the attendant was in the **Other Specify** field. This would be used when the mother, father, taxi driver, etc. was the attendant.

CERTIFIER'S NAME
The certifier is the person who is required to certify that the child was born alive at the place, date and time given in the certificate. **The certifier may be the attendant; another physician, nurse, or midwife; or a hospital administrator, depending upon who the institution deems responsible for certifying births.** Enter the certifier's first, middle, and last name(s) or choose from your institution's look-up menu.

CERTIFIER'S TITLE
Select the certifier's title from the dropdown menu:
- MD
- DO
- Hospital Administrator
- CNM/CM
- OTHER MIDWIFE
- RN
- OTHER-SPECIFY - If the certifier is not listed above, specify the certifier's title in the Other Specify field. Please contact the Department of Health and Mental Hygiene before submitting the record to make sure that the person is acceptable as a certifier.

CERTIFIER'S ADDRESS
The certifier's address may be the address of the birthing institution or the address of the physician's/midwife's office, whichever he or she prefers.
If the address has been pre-filled by the system when the certifier was selected from the look-up menu, but needs to be edited, check the **Edit Certifier Address** box. This enables the address fields and you may make any changes that are needed.

Each of the address segments are entered into separate fields:
- **STREET NUMBER** - Enter the building or street number.
- **PRE DIRECTIONAL** - Select N, E, SW, etc. for the street direction, if applicable.
- **STREET NAME OR PO BOX, RURAL ROUTE** - Enter the street name, PO Box, or rural route.
- **STREET DESIGNATOR** - Select the street type (i.e., Avenue, Drive, Street) from the dropdown menu.

- **POST DIRECTIONAL** - Select N, E, SW, etc. for the direction at the end of the street name, if applicable (e.g. Central Park *West*).
- **APT #, SUITE #** - Enter the apartment or suite number if applicable.
- **CITY OR TOWN**
- **STATE** - You may enter the two-letter postal code for the state or type out the word(s).
- **COUNTRY** - The system defaults to United States.
- **ZIP CODE** - Enter the five-digit zip code.

DATE SIGNED
This field will be system-filled when the record is biometrically certified.

APPENDIX A
SOCIAL SECURITY NUMBER ASSIGNMENT

At the time of a child's birth, the parent(s) may request assignment of a Social Security Number (SSN) for their child. As long as the EBRS record indicates that the mother has approved the assignment of the SSN for her child (see pp. 15-16), the Department of Health and Mental Hygiene will send the request to the Social Security Administration (SSA) on behalf of the parent(s) at the time of registration of the birth record. The requests are sent as an electronic file, which is then reviewed by the SSA before issuance of the SSN.

Certain data entry errors and/or omissions for certain items result in rejection of the SSN request by SSA. These items include:

VITAL STATUS (Newborn page: Is infant living at time of report?)
If the record indicates that the infant has expired, a SSN will not be assigned.

NAMES (Child, Mother, and Father)
- The only **valid characters** are A-Z, hyphen, apostrophe, and space/blank. Do not enter consecutive spaces or blanks, hyphens, or apostrophes-or any combination of these.
- Common entry error: If a name is **hyphenated**, do not insert spaces around the hyphen. For example, enter Betty-Ann, not Betty - Ann.
- Begin and end each name with a letter; names ending in an apostrophe will be rejected.
- The **suffix** must be indicated in the suffix field, not in the last name field. Valid suffixes are Jr, Sr, and roman numerals (I, II, etc.). 2nd, 3rd, etc. as a suffix will be rejected.

ADDRESSES
- **Street number** must be entered. If left blank, the record will be rejected.
- **Pre- and post- directional** indicators must be entered into the proper fields. Do not list directional indicators in the street name fields. For example, if the address is 123 South Central Park West, do not enter "South Central Park West" all in the street name field: "South" should be indicated in the pre-directional field, "Central Park" in the street name field, and "West" in the post-directional field.
- **State** (for US addresses) or **foreign country** must be entered.
- The **zip code** must be valid.

If the record is rejected by SSA, the parent(s) will not receive an automatically-assigned SSN and must contact the SSA directly to obtain a SSN for the child. Please advise the parents of these rules and stress the importance of correct address information when they are filling out the Mother's Worksheet. You must also make sure to exercise caution when entering this data into EBRS; errors can cause undue complications and frustration for all parties involved.

APPENDIX B
GLOSSARY OF ICONS AND CONTROLS

There are several different types of icons and controls used in EVERS. Many of these are standard or universal controls that you may already be familiar with from using other programs and/or websites. Others are EVERS-specific controls that you will not find anywhere else.
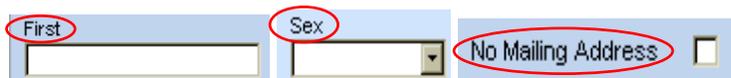
- **Labels:** Most controls have labels. A label simply tells you what type of information is displayed in a control or what type of information to place in a control.

- **Text Entry Boxes:** These are controls used to capture information by typing the entry into the field. Text entry boxes can be formatted to accept only text, a combination of text and numbers, numbers only, or dates. In this example, the text entry box is being used to capture someone's first name. Some text entry boxes are display only and do not allow entry of information into the field.

- **Checkboxes:** These controls can be clicked on using your mouse's left click button. Checkboxes are used for making selections among various onscreen options. **More than one checkbox can be selected at a time**, compared to radio buttons, which can only be selected one at a time (see below). Checkboxes display two ways: Checked and Unchecked. To check a checkbox, just click on the box with your left mouse button. Clicking once will place a checkmark in the checkbox. Clicking on a checked checkbox will remove the checkmark. *Keyboard Shortcut:* If you are answering a question with checkbox choices, pressing the spacebar on the keyboard will also check or uncheck the control.

- **Radio Buttons:** These controls can be selected using your mouse's left click button. Clicking on a radio button will fill in its circle with a black dot. Unlike checkboxes, which allow for multiple selections, **only one radio button per group of buttons corresponding to a data item may be selected at one time**. For example, you might use a radio button to select Hispanic ancestry versus Non-Hispanic ancestry, but use checkboxes to select multiple races. *Keyboard Shortcut:* If you are answering a question with radio button choices, pressing the spacebar on the keyboard will also select the chosen radio button.

Keyboard Shortcut: The most common way of proceeding through a record is by clicking on each question and/or entry option with your mouse. This is also the slowest and least efficient way of going from one control to the next. Instead, learn to use the **Tab** key on your keyboard to advance forwards through controls on a page. **Alt-Tab**, which is triggered by holding down the Alt key while pressing the Tab key, will move you back to the previous control. Tabbing off of data fields with dropdowns when you have made your selection will also help you avoid unintentionally changing the answer by accidentally moving the scroll wheel of your mouse when the data field is highlighted.

- Dropdown Lists: These controls can be selected using your mouse's left click button. Clicking on the drop-down arrow button on the right side of the entry box will cause a list of selectable options to drop down. Clicking on any item in the list will select it and cause it to be displayed in the text box portion of the control.

Keyboard Shortcut: If you know the first letter of the option you want to select, then just type that letter. The highlighted portion will then shift down to the first option beginning with that letter. If there are multiple selections beginning with that letter then keep typing it until your desired option shows up. You can then Tab off of the list to save that selection. In addition, you can also use the up and down arrows on your keyboard to scroll through the list of options. When the correct option is highlighted, use the Tab key to save that selection and move to the next control.
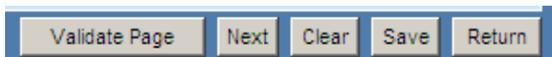
- Click Buttons: These controls can be clicked on using your mouse's left click button. They are used to accept data inputs, write information to be saved, and usually trigger some action by the system. The click buttons in EVERS are used to save information, to run validation edits, return to previous pages, or to progress to the next page in the sequence of data entry and/or actions being performed by the system.

- Auto-populate Button: This is a control that can be clicked on using your mouse's left click button. This control is used in conjunction with entries in another field to auto-fill information relevant to the previous entry.

- Calendar Icon: This control can be clicked on using your mouse's left click button. This icon is used in conjunction with Date Entry text boxes. Clicking on this icon will bring up the Calendar Control that can be used to select a specific date (see below).

Keyboard Shortcut: If you are in a Date Entry text box and would like to select today's date, simply press the F12 key on your keyboard. The current date will fill into the box using the proper format.
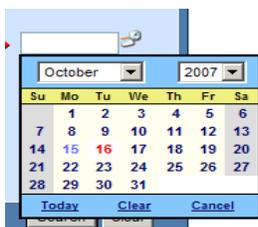
- Calendar Control: This is a control containing several other controls. There are two dropdown lists, one for selecting the month and the other for selecting the year. The default calendar displayed will be for the current month and year with the current day displayed in red and yesterday's date displayed in grey. Once the month and year have been selected from the dropdown menus, clicking on the day will cause that date to be displayed in the corresponding Date Entry text box using a MMDDYYYY format.

- **Places Icon:** This control can be clicked on using your mouse's left click button. This icon is used in conjunction with Address Entry text boxes. Clicking on this icon will bring up the Places control, which contains dropdown menus that can be used to select a specific place, working down from the most general geographical entry (usually country) to the unique identifier (usually city or zip code). The selections made in this window will be system-filled into the appropriate data fields.

- **Erase Icon:** This control can be clicked on using your mouse's left click button. Clicking on this icon will erase the information entered into the data fields related to one question or data item.

- **Look-up Icon:** This control can be clicked on using your mouse's left click button. This icon is used in conjunction with pre-filled tables of information in EVERS, such as facility names and the names of a facility's Certifiers or Attendants. Clicking on this icon will bring up a Search window to locate the facility or person in a list. The selection can be made from this window and the corresponding information will be system-filled into the appropriate data fields.

- **Fix Icon:** This control appears only in the EVERS Validation window. Clicking on this icon will send the cursor to the item that needs to be corrected.

- **Validation Arrow-Green:** This is a display-only icon. Clicking on it has no effect. This icon used in the Birth Registration Menu and indicates that an information page contains valid information (has passed all edits on that page).

- **Validation Arrow-Yellow:** This is a display-only icon. Clicking on it has no effect. This icon is used in the Birth Registration Menu and indicates that an information page contains information that may be invalid and must be corrected or overridden before certification will be allowed.

- **Validation Arrow-Red:** This is a display-only icon. Clicking on it has no effect. This icon is used in the Birth Registration Menu and indicates that an information page contains invalid information that must be corrected before certification will be allowed.

APPENDIX C
CONTACT INFORMATION

If you have any questions about EBRS, please contact the Help Desk by calling (212) 788-4575 or sending an email to ebrs@health.nyc.gov.

For answers to the most frequently asked questions as well as copies of all EBRS user guides, please visit www.nyc.gov/evers.

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The Bureau of Vital Statistics does not supply Acknowledgement of Paternity forms in bulk. To submit an order, please contact New York City's Outreach and Paternity Services Unit at (212) 487-5837.

Parents may obtain the form online (www.nyc.gov/vitalrecords) or by calling 311. To add a father's name to the certificate, parents should bring the completed form to the following address:

NYC Department of Health and Mental Hygiene
Corrections Unit
125 Worth Street, Room 144
New York, NY 10013

Hours: 9:00am – 3:00pm, Monday – Friday (except holidays)

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The correction application is available online. To order these applications in bulk, please call the NYC Department of Health's Call Center at (212) 720-7136. Parents also may obtain the form from Room 144 at the above address.

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If a parent has not received their child's Social Security Card or would like to apply for one, they should visit www.ssa.gov or call (800) 772-1213.

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Individuals with questions about correcting or obtaining a NYC birth certificate should visit www.nyc.gov/vitalrecords or call 311.